

92 01005

DISCUSSION DRAFT

San Francisco's Homeless Problem

INSTITUTE OF GOVERNMENTAL  
STUDIES LIBRARY

JUN 12 1992

UNIVERSITY OF CALIFORNIA

Draft Prepared for the Mayor  
by  
Mayor's Office of Economic Planning & Development

April 1992



# **SAN FRANCISCO'S HOMELESS PROBLEM**

## **Table of Contents**

### **I. INTRODUCTION**

### **II. ELEMENTS OF THE PROBLEM**

#### **A. San Francisco's Homeless Population**

1. Size of San Francisco's Homeless Population
2. Characteristics of San Francisco's Homeless Population

#### **B. The Flow of Homeless People into San Francisco**

1. San Francisco's Attractiveness to the Homeless
2. Other Factors Driving up San Francisco's Homeless Population

#### **C. Damage to San Francisco's Economy**

1. Estimation of the Economic Impact of San Francisco's Homeless Population
2. Increased City Expenditures Associated with Homelessness

#### **D. Meeting the Needs of Homeless People**

1. Identifying the Needs of San Francisco's Homeless
2. Meeting Basic Human Needs
3. Addressing the Root Causes of Homelessness
  - a. Helping the mentally ill
  - b. Helping the physically disabled
  - c. Helping substance abusers
  - d. The Role of Job Training & Placement Programs
  - e. The Role of Social Skills Programs

### III. Elements of the Solution

#### A. Meeting the Needs of Homeless People

1. System Development
2. Partnerships Development
3. Multiple Entry Points
4. Identification and Documentation
5. Services Provision
6. Evaluation, Supervision, and Follow Up
7. System Endpoints

#### B. Protecting Our Economy from the Negative Effects of Homelessness

1. Discourage aggressive panhandling
2. Limit the Number of Street People in Tourist and Retail Areas
3. Mobile Outreach Unit Targetting Highly Visible Homeless
4. Increase Police Foot Patrols in Certain Key Areas at Key Times
5. Use Existing Ordinances to Keep Public Spaces Clear
6. Avoid Long Queues for City Homeless Services

#### C. Curtailing the Growth of San Francisco's Homeless Population

1. Reduce San Francisco's Attractiveness to Homeless persons



2. Encourage homeless people to leave the streets and enter our homeless services system
3. Prevent at-Risk San Franciscans from Becoming Homeless

#### **IV. Role of City Government**

- A. Leadership and Systems Management
- B. Central decision-making and Resource Allocation
- C. Measurement and Evaluation
- D. Reports
- E. Public Information

#### **IV. Conclusion**

#### **Appendices**

## San Francisco's Homeless Problem

### I. INTRODUCTION

This paper discusses the problem of homelessness in San Francisco, why the problem continues to grow despite nearly \$60 MM in annual expenditures, and suggests that new approaches are needed to turn the corner on one of America's most difficult social challenges. The principal focus of the paper is homeless policy -- broad issues and parameters that must be understood and embraced to develop successful, sustainable homeless programs.

A fundamental problem with our City's policy on homeless has been that it reflects principally the interests of social services agencies and homeless advocates -- rather than the needs and concerns of the larger non-homeless community of businesses and residents, and a realistic assessment of the needs of homeless people themselves.

The San Francisco Board of Supervisors adopted an official homeless policy in April 1988 (Appendix III). This policy, adapted from the City of Portland's highly successful 12-point policy, differed from the latter in two important respects:

- . The San Francisco policy was developed without the participation of a broad cross section of the community.
- . The San Francisco policy failed to recognize the needs and concerns of the majority of the community.

Implementing San Francisco's narrowly focused homeless policy has been a tough sell.

- . The Policy does not enjoy community understanding or support, because most of the community was excluded from its development.
- . Funding is a continual problem because the private sector knows the Policy doesn't recognize its interests and concerns.
- . The Policy is afflicted by on-going "turf wars" among social services agencies vying with one another for limited funding.

Significant progress is unlikely on San Francisco's homeless problem until City government recognizes the



## San Francisco's Homeless Problem

legitimate interests all San Franciscans have in the homeless problem and accommodates their concerns and interests in the policies and strategies it develops. Certainly the kinds of community partnerships among public and private agencies and business leaders that have succeeded elsewhere can not flourish without a more open and participatory process.

### OVERVIEW OF THE PROBLEM

San Francisco annually spends at least \$46.8MM of City revenues and \$11.5MM more in federal, state, and private funds to provide direct services to homeless people. Despite this investment, and the dedication of the people engaged in homeless initiatives, the problem of homelessness in our City continues to grow -- i.e., present efforts are not "solving" the problem. Current homeless initiatives focus almost exclusively on the needs of homeless persons. These initiatives do not adequately address the major problems homelessness creates for San Francisco's economy, and they do not come to grips with the fact that our homeless population continually is replenished by homeless persons drawn to the City for a variety of reasons.

San Francisco's homeless population is a flow, rather than a stock of persons. Data from our two multiservice centers indicate that 40% of our homeless have come to the City in the last year, 25% in the last three months, and 10% in the last 30 days. We are a regional magnet for homeless people because:

- . our dense development makes panhandling a viable occupation;
- . we offer a comparatively generous array of social services;
- . we have the region's largest stock of single resident occupancy (SRO) hotel rooms;
- . we have an abundance of sheltered and semisheltered public places for the homeless to occupy; and
- . our close proximity to large State mental and penal institutions makes us the initial destination for a disproportionate number of released mental patients and prison inmates -- persons at high risk of becoming homeless.



## San Francisco's Homeless Problem

In order to provide the compassionate care to the homeless most of us would choose to provide, we must take positive steps to limit the flow of homeless people into San Francisco. Otherwise, we will continue to wage a losing battle against homelessness in our City because we will be unable to muster either the resources or the community support to solve the problem.

The presence of large numbers of homeless people on our streets has caused significant damage to our economy. The public's response to the proliferation of homeless people is estimated to cost San Francisco about \$173 million annually in taxable sales, and \$2.2 million in tax revenues to the General Fund and \$1.3 million in tax revenues to schools and transit -- resources we need to serve the homeless and other dependent citizens. In addition to reducing the flow of homeless people into San Francisco, we also must take steps to limit the adverse impact the homeless have on our local economy.

Solving the homelessness problem requires that we work simultaneously on many fronts, because various aspects of the homeless problem are interdependent. Failure to address one aspect limits the potential for success on other aspects. Our homeless strategy must address three major elements of the problem:

- . We must reduce the flow of homeless people into San Francisco to stabilize the size of the homeless population we must serve
- . We must meet the needs of homeless persons currently in our City
- . We must prevent the presence of large numbers of homeless people from further undermining our economy

### AIDS/HIV Analogy

The City's response to the AIDS epidemic provides many lessons for addressing the homeless problem.

- . **Size:** Both problems involve several thousand people, and the population in each case continually is replenished. In the case of AIDS, education quickly became a major priority to reduce the rate of infection and stabilize the size of the infected population. In the



## **San Francisco's Homeless Problem**

case of the homeless, reducing the flow of homeless people into San Francisco and preventing more San Franciscans from losing their homes must be a major priority to stabilize the size of population we must serve.

- **Needs:** Both people with HIV/AIDS and homeless people require a myriad of services -- needs assessment, medical treatment, psychological counselling, housing, job assistance, financial support, etc. Assuring that all of these needs are met in a coherent fashion is a major challenge in both cases.
- **Resources:** The resources required to handle either problem are potentially staggering. In the case of HIV/AIDS we have have been extremely creative in covering the bases that must be covered with the limited resources that are available -- in the case of the homeless we have not.
- **Creativity:** San Francisco is the model for the world in managing a public health crisis of widening dimensions. The Rand Corporation didn't solve this problem for us. Ordinary, garden variety San Franciscans developed the Shanti Project, Project Open Hand, and other components of our HIV/AIDS home care network. City government widened its partnership with UCSF at San Francisco General Hospital to encompass a state-of-the-art HIV research, diagnosis, and treatment center. San Francisco firms developed model policies for supporting people with AIDS in the workplace. We have demonstrated our capacity for creative problem-solving -- one can not argue that homelessness is a tougher challenge than HIV/AIDS.
- **Community Involvement:** We are out front in addressing HIV/AIDS because we've enlisted the leadership, creativity, and resources of our entire community. To date, homelessness has been addressed primarily as a City government problem. We need to widen the arena for community involvement.

### **The Forest & The Trees**

Solutions to homelessness are temporary or transitional measures because homelessness is a consequence of "real" problems, rather being the real problem. Our program must address the "real" problems -- mental illness, addiction, antisocial behavior, lack of marketable skills -- because these are what cause people to be homeless.



## **San Francisco's Homeless Problem**

Homeless people are not a homogeneous population. Each homeless person has unique characteristics that must be understood and respected. Yet, the harsh reality is that the homeless as a group are different from the average American. As many as two thirds have been institutionalized within the last five years, and even with the best of care, as many as half are unlikely ever to attain full self sufficiency. Failure to accept these realities is an injustice to homeless people who need the kind of assistance that can make a genuine difference in their lives. Certainly we should help those who are merely down on their luck, but our principal obligation must be to the majority who need permanent assistance at some level to lead safe and dignified lives.

### **Partners & Partnership**

Neither City government, businesses, nonprofit organizations, nor private citizens are capable of solving the problem of homelessness alone. We require the creativity, cooperation, and participation of our entire community. This paper describes the partnerships that must be created, and the unique roles we need various parts of our community to play in a comprehensive homeless strategy.

## **II. ELEMENTS OF THE PROBLEM**

Homelessness is a problem for both homeless persons and San Francisco's economy. Our ability to solve homelessness for homeless people and for our economy is limited by our success in curtailing growth in the size of the homeless population we must serve because we have a finite amount of resources for this purpose.

### **A. San Francisco's Homeless Population**

San Francisco's homeless population may be grouped in three categories with respect to the ability to respond to assistance:

- . Homeless persons ready and willing to accept assistance to achieve full participation in our economy -- primarily persons and families "down on their luck" for various reasons.

## **San Francisco's Homeless Problem**

- . Homeless persons permanently disabled from full participation in the economy -- primarily the mentally ill and persons with AIDS.
- . Homeless persons disabled from full participation in the economy by lifestyle choices -- primarily substance abusers.

### **1. Size of San Francisco's Homeless Population**

The 1990 census estimated there were 5,569 homeless people in San Francisco on the night the census was conducted. This figure, consistent with counts from other sources, puts the ratio of homeless people to the total number of San Francisco residents second only to Washington, D.C., in a national comparison. The absolute number of homeless people in San Francisco is the fourth highest in the nation, even though San Francisco is only the fourteenth largest city in the nation.

Through the Department of Social Services, San Francisco provides General Assistance (GA) benefits to about 14,000 people. This represents about 10% of all people in California receiving General Assistance, even though San Francisco's total population represents only 2.5% of California's total population. On average, 2,600 - 2,700 people (about 19% of total GA recipients) identify themselves as homeless. There is a substantial discrepancy, therefore, between the number of homeless people who seek assistance, and the absolute number of homeless people in San Francisco. There potentially are many reasons homeless people may not seek assistance (including mental illness), but in the absence of definitive analysis, these reasons remain speculative.

### **2. Characteristics of San Francisco's Homeless Population**

A 1988 survey of San Francisco service providers conducted by the United Way of the Bay Area estimated 45% of homeless people were men, 30% women, 15% child members of homeless families, and 10% unaccompanied youth. This survey found that 30% of San Francisco's homeless were mentally ill, 30% substance abusers, 25% physically disabled, and 5% persons with AIDS. Ignoring overlap among these groups, these data would suggest 90% of San Francisco's homeless population currently may be incapable of holding a job to achieve self-sufficiency; clearly more than half could be so characterized. Surveys conducted by the San Francisco



## **San Francisco's Homeless Problem**

Department of Public Health in 1991 show that 90% of persons using City detox programs are homeless, and 46% of all persons using substance abuse treatment programs are homeless.

The 1988 United Way survey contains the most recent attempt to describe San Francisco's homeless population, and illustrates one of key factors that has prevented our City's progress toward solution of the problem of homelessness -- failure to define the population we must serve with sufficient specificity to develop solutions.

These 1988 survey results also support the conclusions of several studies that the presence of a support network is a key difference between extremely low income people and the homeless. For many of the homeless, such support once was available. It even may have been sustained for a long period of time, but eventually it was withdrawn because of the difficulty of dealing with the homeless person's problems: emotional, mental, physical, and/or substance abuse.

Data developed in this United Way survey further suggest that the shortage of low cost housing, often cited as the major factor contributing to the homeless population, is not the only culprit -- and perhaps not the most important. The majority San Francisco's homeless population by and large may be unable to live independently, in which case supervised living situations would be a primary need for many or most of San Francisco's homeless.

### **B. The Flow of Homeless People into San Francisco**

San Francisco's homeless population is a flow of persons, rather than a finite population. Until this problem is addressed, the variety of problems generated by homelessness will continue to be unsolvable for San Francisco because as soon as we get one person off the streets, another one or two more appear.

#### **1. San Francisco's Attractiveness for Homeless People**

Homeless people are attracted to San Francisco for the same reasons most others are attracted to our City -- it's a very pleasant place to be -- but there are many other reasons San Francisco is at greater risk of attracting homeless people than other Bay Area and Northern California cities:



## **San Francisco's Homeless Problem**

- . our dense development makes panhandling a viable occupation;
- . we offer a comparatively generous array of social services;
- . we have the region's largest stock of single resident occupied (SRO) hotel rooms;
- . we have an abundance of sheltered and semisheltered public places for the homeless to occupy; and
- . our close proximity to large State mental and penal institutions make us the initial destination for a disproportionate number of released mental patients and prison inmates -- persons at high risk of becoming homeless

A large proportion of San Francisco's homeless people are fairly recent arrivals. Almost 40% of the clients participating in case management services in 1992 at San Francisco's two multi-service centers say they have come to San Francisco in the last year, 25% in the last three months, and 10% in the last month. A 1985 measurement found more than half the clients surveyed had come to the City in the previous year, and 35% in the past 3 months.

### **2. Other Factors Driving up San Francisco's Homeless Population**

As the United States economy has shifted from a manufacturing base to a services/information base, many unskilled and low skilled jobs have been eliminated. The end of the Cold War has meant a reduction in the nation's armed forces, and cutbacks in defense industry employment, further reducing the pool of low skilled jobs. These shifts in the nature of our economy are exacerbated by the current recession and a general loss of consumer confidence, further impacting low skilled and unskilled jobs. Planned reductions in AFDC (Aid to Families with Dependent Children) and other income support programs may be expected to put additional families at risk of becoming homeless.

## **San Francisco's Homeless Problem**

### **C. Damage to San Francisco's Economy**

San Francisco's private economy provides the revenues that support public and private homeless initiatives, and these revenues are threatened when the homeless population reduces economic activity. Public response to the proliferation of homeless persons too often has been avoidance -- choosing to shop at a suburban mall rather than Union Square; eating at a restaurant near home rather than going to San Francisco's dense urban core; taking in a movie where an evening's pleasure isn't marred by panhandlers.

Aggressive panhandlers, beggars blocking doorways, and vagrants camped in public squares or sleeping on City sidewalks lead to decreased consumer visits to San Francisco and decreased spending in our City. Several studies have reported this effect. A 1991 SRI survey conducted for the City Attorney showed a marked decrease in visitors to areas of the City with high concentrations of the homeless -- 25% fewer visits by suburbanites and 33% fewer visits by City residents. A July 1990 survey of nearly 10,000 Bay Area residents by the San Francisco Economic Development Corporation found that visits to San Francisco by Bay Area residents had decreased 10% compared to the number of visits in prior years. Twenty-five percent of respondents who reported decreased visits to San Francisco cited panhandling, fear for personal safety, and poor City aesthetics as the reason for fewer visits.

#### **1. Estimation of the Economic Impact of San Francisco's Homeless Population**

To estimate the economic impact of San Francisco's homeless, we assume that the difference between San Francisco's total taxable sales (\$8.6 billion in 1990 according to the California State Board of Equalization) and the taxable sales of convention and overnight visitors (\$1.7 billion in 1990 according to the San Francisco Convention & Visitor's Bureau) represents taxable spending by San Francisco and other Bay Area residents (\$8.6B - \$1.7B = \$6.9B). Conservatively assume that 2.5% (one quarter of the 10% decrease in visits to San Francisco measured by the San Francisco Economic Development Corporation) is attributable to the proliferation of homeless people in San Francisco. This suggests a \$173 million loss of taxable sales, with a corresponding loss of \$2.2 million in sales tax revenues (1.25% of taxable sales) to the City's General Fund and a loss of \$1.3 million to City schools and transit (0.75% of taxable sales) in 1990 alone. This estimate does not



## **San Francisco's Homeless Problem**

include museum, performing arts, and other revenues not subject to sales tax.

Using the average percent decline attributable to street people measured by the City Attorney's study (25% fewer visits to areas with high concentrations of homeless by suburbanites and 33% fewer visits by San Francisco residents -- for an average decline of 29%) and assuming that only 10% of San Francisco's taxable sales take place in our prime commercial and tourist areas (10% of \$7.3 billion = \$.73 billion) suggests a \$212 million loss in taxable sales, and a corresponding loss of \$2.7 million in sales tax revenues to the City's General Fund, and a \$1.6 million dollar loss in revenues to City schools and transit.

These conservative estimates of the economic loss attributable to the proliferation of San Francisco's homeless population reflect the magnitude of the damage large concentrations of homeless can impose on our economy.

The concentrations of homeless people on our streets also may cause visitors to San Francisco to shorten the duration of their visits, reducing the amount of money they spend here. Incremental sales losses may force marginal retail businesses and restaurants to close, further reducing economic activity. The bottom line is reduced revenues for San Francisco businesses, fewer jobs, decreased tax revenues -- and decreased financial capacity to serve the homeless.

### **2. Increased City Expenditures Associated with Homelessness**

The economic impact of San Francisco's growing homeless population includes increased costs to City government as well as lost business and municipal revenues. Street people impose substantial public costs in the form of public assistance, extra sanitation and street cleaning, and law enforcement. The cost of General Assistance is borne entirely by the City, amounting to about \$49 million in FY 1992. As reported earlier in this discussion, the Department of Social Services estimates that 19% of General Assistance recipients are homeless. The corresponding \$9.3 MM cost of General Assistance payments to homeless people is borne entirely by San Francisco's General Fund.

The 5,500 homeless people in our City use San Francisco General Hospital for medical care. Projected at more than a quarter billion dollars in FY 1991-92, the costs of operating our indigent-care hospital may be expected to soar

## **San Francisco's Homeless Problem**

as the more than one in ten of San Francisco's homeless who are HIV positive progress to full blown AIDS. By the Department of Public Health's most recent survey, 10% of the people discharged from SF General are homeless, 90% of the people using detox services are homeless, and 46% of people using all substance abuse treatment programs are homeless.

- . **Inpatient Medical Care:** In FY 1991, San Francisco General Hospital provided 83,900 inpatient days for medical-surgical care at an average cost of \$1,368 per day, and 27,280 inpatient days of psychiatric care at \$742 per day. Ten percent of these services were provided to homeless people at a cost of \$13,495,760. (10% of 83,900 days = 8,390 x \$1,368 = \$11,477,520 + 10% of 27,900 days = 2,790 x \$742 = \$2,018,240).
- . **Substance Abuse Services:** In FY 1992 San Francisco has budgetted \$13.7MM for substance abuse services -- 46% of these services will be provided to homeless people at a cost of \$6.3MM.

### **D. Meeting the Needs of Homeless People**

The needs of homeless people may be grouped in two broad categories:

- . Services that meet needs common to all homeless people -- basic food, shelter, and medical care; and
- . Services that address the needs of specific persons or groups of persons.

The first step in meeting the needs of San Francisco's homeless should be to identify and document the persons we must serve. We can not successfully meet the needs of the homeless beyond basic food, shelter and medical care, unless we know who they are and the problems that have caused them to become and remain homeless. We certainly can not address problems such as the absence of job skills, mental illness, substance abuse, and antisocial behavior -- frequently the root causes of their homelessness -- without fairly intimate knowledge of individual clients.

Documenting the homeless population also can improve public understanding of the homeless problem and the kinds of support that must be provided to solve it. The City needs the participation and support of a broader cross section of our community in this effort -- support we are



## **San Francisco's Homeless Problem**

unlikely to generate unless the public understands the nature of the challenge we face.

### **1. Identifying the Needs of San Francisco's Homeless**

Many programs that serve the homeless require documentation of the same basic data -- name, date and place of birth, social security number, etc. Capturing this information once and incorporating the data in a system that permits subsequent retrieval helps both the person seeking assistance and the agencies that must evaluate the client's needs, develop potential assistance, and deliver services. Requiring homeless people to provide the same information time after time, at location after location, frustrates them and diminishes their willingness to participate in care and self-sufficiency programs. Similarly, requiring each service provider to collect duplicate information is wasteful of limited resources.

Documentation permits the care-giving system to identify resources that may be available to meet the needs of homeless persons -- benefits available to veterans, supplemental security income benefits available to persons who once were employed, and other potential resources. Documentation also promotes successful case management by providing a thorough case history: what has been tried; what has succeeded; what has not worked for this client.

### **2. Meeting Basic Human Needs**

Meeting the basic needs of homeless people -- food, shelter, and medical care -- while easily identified and understood, is a major challenge. The resources to provide the 2,600 homeless people who seek assistance with food, shelter, and medical care are very high. The resources to meet these basic needs for a total homeless population of 5,500 enormous, and exceed the capacity of City government. To meet these needs we must engage a broad cross section of our community. Just as our community is meeting the needs of persons made indigent by the costs associated with AIDS, we need the help of our community in meeting the needs of the indigent homeless.

Feeding homeless people may be the easiest challenge for us to address simply because it is the least costly need homeless people have, and we have in place a system that provides at least 15,000 meals a day to San Francisco's needy (see Appendix IB). Glide Memorial Church and St.

## San Francisco's Homeless Problem

Anthony's Dining Room are model programs for feeding the homeless. Project Open Hand provides a different kind of model -- not only does Project Open Hand prepare and serve hot meals daily to more than 2,000 people living with AIDS, these meals are delivered directly to the homes of the people served. Our challenge is to expand these programs and develop others to permit a much larger population to be served.

Providing basic medical care to our homeless population is expensive, but San Francisco has a solid infrastructure on which to build -- San Francisco General Hospital, one of the nation's leading indigent-care hospitals; the University of California Medical School and teaching hospitals; a well developed decentralized public health delivery system; and one of the nation's most extensive mental health systems. We must orient a portion of this health and mental health infrastructure to meet the medical needs of our homeless. In the case of our mental health system, we may also need to assign a higher priority to the treatment of seriously disturbed people. The City and UCSF have forged a very productive partnership to address the HIV/AIDS challenge; we can expand this partnership to encompass the needs of the homeless, including the homeless affected by HIV/AIDS.

Providing housing for the homeless is an especially tough challenge, since providing housing to all San Franciscans is a challenge. Our City's present homeless program contemplates providing emergency shelter, transitional housing, and permanent housing. To provide this range of shelter, City government must expand its partnerships with nonprofit service providers and seek additional partners to increase shelter opportunities. Currently the City's two multiservice centers provide shelter and drop-in services to only 425 people each day. City wide, our best estimate is that emergency shelter is provided to 1,385 homeless people each night -- about half the homeless people who seek assistance. Additionally, on average about 30 homeless people are inpatients at San Francisco General Hospital each night; and about 278 homeless are enrolled in residential substance abuse programs. We need to identify the means of increasing the number of clean and safe shelter beds, and we need the wisdom and participation of a much larger cross section of our community to do so. We must create programs that make it easier for churches, fraternal organizations, businesses, and residents to help us provide shelter -- temporary, transitional, and permanent.



## **San Francisco's Homeless Problem**

### **3. Addressing the Root Causes of Homelessness**

Many, if not most, of San Francisco's homeless, like homeless elsewhere in the nation, are on the streets because of serious problems such as the absence of job skills, mental illness, physical disability, substance abuse, and/or the absence of social skills. Helping these people get off the streets means helping them deal with the problems that have made them homeless.

**a. Helping the mentally ill:** Over the past three decades, California and other states have pursued policies of deinstitutionalizing the mentally ill. These policies responded to past abuses that too often merely "warehoused" the mentally ill without addressing their illness. As originally envisaged, state mental hospitals were to be replaced by community based mental health clinics that would maximize each person's potential for independent living. San Francisco has developed one of the nation's most complex systems of community based mental health clinics, but the system has focused on "preventing" mental illness by treating symptoms of anger, violence, and stress among the "worried well", and it has not done a good job of meeting the needs of formerly institutionalized mental patients or those whose mental illnesses would have led to institutionalization.

The former institutional system provided the mentally ill with both housing and medical care. The new system has not fully replaced either function. Realistically, we can not return to the previous institutional system. Therefore, we must make our community based clinic system work for the seriously mentally ill. The Community Mental Health Division of the City's Health Department must reassess its operations, priorities, and allocation of resources to provide the mental health component required to serve the homeless adequately. Other City departments, in partnership with the private sector, must develop the supervised living situations the mentally ill require to live safe and dignified lives.

**b. Helping the physically disabled:** San Francisco and the nation have a long history of coping with barriers of discrimination, and providing a "level playing field" in which the physically handicapped can function as full participants in our economy and our society. A measure of our commitment to solving these problems is the Americans with Disabilities Act that takes effect this year.

## San Francisco's Homeless Problem

Many of the needs of the physically disabled homeless are the same as the needs of other physically disabled citizens. We must include them in the revolution presently underway on behalf of the physically disabled. A special challenge is to assure that the housing options we develop recognize that many of the homeless are physically disabled people. This is not just a matter of compassion -- it is the law.

**c. Helping substance abusers:** The American epidemic of substance abuse has generated a vast literature on ways to help substance abusers reclaim their lives from addiction. Although volumes have been written, the collective wisdom on this subject is reasonably straightforward. Successful programs to combat substance abuse contain three principal elements:

- . the opportunity for the substance abuser promptly to enter detoxification and treatment programs at the time he or she is prepared to take advantage of them -- we must be ready when they are ready
- . continuing supervision through halfway houses and other managed living situations upon completion of treatment to reinforce new behavior patterns -- we must be prepared to provide support at a time when the recovering substance abuser is most vulnerable to relapse
- . a kind of "tough love" in which caregivers and other program managers are committed to not becoming co-dependents with the substance abuser -- we need "get well" programs, not revolving doors at the detox center

Careful documentation and follow-up of each client is essential for a successful program to combat substance abuse. The City and its private sector partners need to undertake a rigorous assessment of existing programs, document their success rates, identify weak links, and take corrective action. Here, as with many other aspects of our homeless program, resources are a significant constraint. Because substance abuse is a national priority, we need to assure that we are taking maximum advantage of funding available from the State and federal government, and City government needs to widen its partnerships with the private sector within the envelope of a well conceived, well managed effort.



## San Francisco's Homeless Problem

**d. The Role of Job Training & Placement Programs:** An obvious difference between the homeless and other members of society is that other members of society have employment and money lacked by the homeless. However, this simplistic view of the situation is an unreliable guide to the solution of homelessness for many or most homeless persons. Certainly there are "down on their luck" homeless men and women whose principal need is for job assistance. Data presented elsewhere in this discussion, however, suggest that job assistance alone won't solve homelessness for most homeless persons.

This said, it is difficult to overemphasize the importance of job training and job placement as an essential component of the solution to homelessness. The ability to hold a job and contribute to one's own support is an essential ingredient of self confidence and self esteem -- qualities that the homeless need to overcome a myriad of handicaps. Self sufficiency to the limit of one's own abilities must be the goal for each homeless person, and the opportunity for appropriate training and employment in some form are the first steps toward self sufficiency. This is equally true for the person who ultimately can provide only 5% of his or her support as it is for the person who is capable of becoming fully self sufficient.

Progress toward job readiness must be an integral part of the assistance San Francisco provides to all homeless people -- on a par with the provision of basic food, shelter, and medical care. Job placement, preferably in the private economy, is an equally important objective, because without an aggressive program of job placement, job readiness programs become exercises in futility.

City government and the private sector currently operate extensive job training and job placement programs. However, most are focused on the "at risk" population rather than on persons who already have fallen out of the mainstream. Some of these programs need to be retooled to address the needs of homeless people, and integrated with City and private sector comprehensive homeless services.

**e. The Role of Social Skills Programs:** Homeless people often need assistance understanding and modifying social behavior that inhibits their full participation in our economy and our society. This is not about conforming persons to an establishment standard -- indeed, San Francisco is widely known as a society of individuals who

## **San Francisco's Homeless Problem**

often march to far different drummers than "average" Americans. However, tolerance of difference does not mean that "anything goes", and after an extended period of living on the streets, many homeless people need a reality check. Rationally choosing to be different is one thing -- not fitting in because one doesn't understand what fitting in means is quite another.

The City's homeless program must be prepared to provide the counselling and support many homeless people require to function in mainstream society and the world of work. To use the assistance many homeless people need to move toward self sufficiency, the homeless must learn how to get themselves to an appointment or a job on time, appropriately dressed, and ready to devote their primary attention to the task at hand. They must acquire the social skills required to interact with others, resolve personal conflicts, and participate in teamwork. Elementary as these tasks may be for most of us, they can be major barriers for the homeless person attempting to gain a toehold in mainstream society.

The City has a great deal of experience providing acculturation training to immigrants who must learn to function in a society very different from the one in which they were reared. Much of this experience, and many of the institutions developed to provide acculturation training can be applied to the problems faced by homeless people. Although the context is different, the skill is much the same.

### **III. Elements of the Solution**

Solving the problem of homelessness requires that we work simultaneously on the three major elements of the problem identified in this paper -- meeting the needs of homeless people, curtailing the flow of homeless persons into our City, and mitigating the damage to our economy from a large and highly visible homeless population. We must address all three elements of the problem at the same time because they are interdependent, and the failure to address one will limit success on the other two.

Our efforts must occur within the context of a comprehensive, City directed homeless strategy because effective City government planning and coordination is the fulcrum for a successful effort.



## **San Francisco's Homeless Problem**

- . The City is the primary conduit for funding the program and it is uniquely positioned to assure effective allocation of scarce resources among competing needs;
- . It is positioned to assure realistic, achievable strategies and goals by conforming them to available resources
- . It is the source of government services required to mitigate many of the adverse effects of homelessness on the local economy; and
- . City government is the only entity in a position to reduce the flow of homeless people into San Francisco.

While effective City government planning, coordination, service provision, and funding are the basis for a successful effort, the participation and support of many other parts of our community are required for success.

- . Solutions for a problem of the complexity and scale of homelessness must engage the creativity, wisdom and resources of our entire community, including the homeless, to succeed.
- . Behavior that is damaging to our economy can not be modified unless our community has the will to provide humane alternatives, and to insist that the homeless avail themselves of these alternatives.
- . The community at large must accept ownership of the homeless problem and "buy in" to solutions that work for the homeless and for the community as a whole.

### **A. Meeting the Needs of Homeless People**

This paper has identified two broad categories of services San Francisco must provide to meet the needs of homeless people:

- . Services that meet needs common to all homeless people -- food, shelter, and basic medical care; and
- . Services that address the needs of specific persons or groups of persons -- services that mitigate the specific problems that have caused people to become and remain homeless.



## San Francisco's Homeless Problem

Each homeless person has unique characteristics that must be understood and respected. Nevertheless, the harsh reality is that, as a group, the homeless are not a random sample of Americans who just happen to be down on their luck. As many as two thirds have been institutionalized within the last five years, and even with the best of care, as many as half are unlikely ever to attain full self sufficiency.

Well meaning advocates who refuse to recognize these realities do a disservice to homeless people. Certainly we should assist those who are merely down on their luck, even though many of these persons eventually will regain self sufficiency on their own. But our principal obligation must be to the majority who will need permanent assistance at some level to lead safe and dignified lives.

On the continuum of challenges, homeless persons may be classified in three broad groups:

- . Persons currently willing and able to work
- . Persons who can move into the ready to work category, if provided effective support services
- . Persons unable to work because of physical or mental problems, and/or lifestyle choices

The capacity to work is used for classification because of its central importance to each member of the homeless population. As noted elsewhere in this paper, the ability and opportunity to contribute to one's own support are essential ingredients of self confidence and self esteem. This is equally true for the person who ultimately can provide only 5% of his or her support and the person who is capable of being fully self sufficient.

A comprehensive strategy for meeting the needs of homeless people must include the following components:

- . **System development** to establish the infrastructure within City government to plan, manage and fund the program
- . **Partnerships development** to engage nonprofit organizations, businesses, foundations, and private citizens in

## **San Francisco's Homeless Problem**

resource development, services delivery, and client support

- . **Multiple entry points** capable of attracting homeless people into the a comprehensive public/private care system
- . **Identification and documentation** of persons entering the system to provide the basis for assessing their needs, developing a program of support, and identifying resources to provide this support
- . **Evaluation, supervision and follow-up** to assess client needs, evaluate progress, adjust support programs as needed, and prepare the client for exit from the system
- . **Services provision** to address the client's needs
- . **System end points** leading to self sufficiency, transfer of responsibility for the client to another jurisdiction, and/or a variety of permanent or semi-permanent supervised living and care situations

### **1. System Development**

The infrastructure to plan, manage, and fund a comprehensive strategy to solve the problem of homelessness in San Francisco presently does not exist -- in City government, or elsewhere. If our community agrees that solving homelessness is the reason we fund homeless programs, City government must design and put in place the system that can, in fact, accomplish this objective. The Mayor has appointed Larry Cruz to the position of homeless coordinator to manage the multifaceted strategy required to solve the homeless problem.

San Francisco must develop and manage a homeless program that addresses the needs of homeless persons, their effects on economy, and initiatives to reduce the growth of our homeless population. Centralized decision making is required to assure appropriate support for all three aspects of the program and to assure program elements are tailored to available resources.

## **San Francisco's Homeless Problem**

### **2. Partnerships Development**

City government can not solve a problem as large and complex as homelessness without the participation and support of a broad cross section of our community. It must build partnerships with businesses, nonprofit organizations, and private citizens to mobilize needed resources and expertise, and to deliver the services required to solve homelessness for our community.

Traditionally, nonprofit organizations have focused mainly on the part of the homeless population where they can achieve the highest success rate. This generally means homeless who are willing and able to work, or those who can move most easily into the ready to work category. Although several nonprofits have ventured into more difficult cases in recent years, none seems willing to take on the most difficult portion of the homeless population -- people with serious mental disorders and hard core substance abusers. The City must accept the fact it is the provider of last resort and that ultimately these difficult clients are its responsibility.

In building partnerships with the private sector, the City should use its funding to provide incentives for private service providers to expand the range of homeless people they will accept in their programs. Similarly, it should seek to engage private providers in supplying the support services the City needs to care for the most difficult cases -- board and care homes for the mentally ill, sober living homes for recovering substance abusers, etc.

The City must be creative in developing opportunities for wider participation in both public and private homeless efforts. Local businesses are very concerned about the homeless problem, and many are eager to help but have difficulty fitting into the present system. They, like most other private parties are interested in doing something other than simply writing a check. Training and job placement are obvious roles for local business but, given the size of our visitor industry, food and shelter may also be major opportunities for business participation.

Private citizens, particularly students and retired people who generally have more control of their time than those with fulltime jobs, are an underutilized resource. Most homeless people need counselling,



## **San Francisco's Homeless Problem**

personal support, and the opportunity for one-on-one contact with mainstream society to improve their situations. The AIDS epidemic has demonstrated the energy and creativity private citizens can bring to those less fortunate than themselves.

Organizing volunteer resources to assist San Francisco's 5,500 homeless persons is a major task, but one that can make an enormous contribution to solving the problem of homelessness.

### **3. Multiple Entry Points**

The homeless care system needs to offer multiple entry points to provide homeless persons with the maximum number of opportunities to enter the care system at the times the homeless may be most desirous of getting off the streets. These entry points need to include existing shelters, San Francisco General, emergency clinics, and county jails. Entry points need to offer safe, habitable, and humane shelter to have a positive attraction for homeless people and to increase their willingness to try participating in the care system. Entry points also need to be able to identify the persons seeking care, and the ability to retrieve the system's existing information on each person to assure appropriate services delivery.

### **4. Identification and Documentation**

To provide the basis for assessing needs, developing appropriate support programs, and identifying the resources that will provide support, we must identify persons entering the system. Los Angeles successfully uses an automated fingerprinting system for identification (see appendix \_\_). Identification needs to be understood as a key element in delivering appropriate services to homeless persons, with fraud detection understood as a byproduct of identification, not its primary purpose.

Identification serves the additional purpose of establishing the care system as a partnership between the caregivers and the care receivers. The homeless are no longer nameless units being given a bed for the night and a sandwich -- they are persons who are making a contract to enter the social services system for the purpose of exiting to lives with a maximum of independence.

## **San Francisco's Homeless Problem**

### **5. Services Provision**

Services need to be targetted to the homeless person's problems and capacity to accept help. Homeless persons who are able to work need access to job training and job placement programs, support while they are enrolled in training programs, and counselling to help them succeed both in training and on the job. Many, perhaps a majority, of homeless people have such serious mental, emotional, or physical problems they are unable to hold a job and live independently. The City must be prepared to provide these persons with supervised, or semi-supervised, living situations that permit them to lead dignified and productive lives.

### **6. Evaluation, Supervision, and Follow Up**

San Francisco's homeless system must include routine, objective evaluations of each person's progress through the system. The system must encourage program modification to meet client needs, and assure that the person proceeds toward exit from the system. Similarly, the system must provide program evaluation and program assessment to assure the system is focused on solving the problem of homelessness.

### **7. System Endpoints**

San Francisco's homeless system should lead to client self sufficiency, to transfer of responsibility for the client to another jurisdiction, and/or a variety of permanent or semi-permanent supervised living and care situations. The system can not be permitted to grow into a bureaucracy whose primary beneficiaries are administrators and caregivers -- not homeless people. The progress of clients toward specific endpoints must be the overriding objective of the system.

### **B. Protecting Our Economy from the Negative Effects of Homelessness**

The highly visible presence of large numbers of homeless people in San Francisco has significantly diminished our City's attraction as a destination for shopping, dining, and entertainment. Aggressive panhandlers, beggars blocking doorways, and vagrants sleeping on City sidewalks and in public parks have made San Francisco a place many avoid. Such avoidance, documented in numerous studies, has had a



## **San Francisco's Homeless Problem**

measurable negative effect on local economic activity, employment, and tax revenues.

There is much the City can do to protect its economy from the negative effects of large concentrations of homeless people at the same time that it is meeting the needs of homeless people:

### **1. Discourage aggressive panhandling**

Aggressive panhandling frequently is cited in surveys as the most serious problem the average citizen has with homeless people. Touching, threatening, or otherwise harrassing someone for spare change is forbidden by law, but passively standing or sitting with a solicitation sign, out of the flow of pedestrian traffic, is protected "free speech". Enforcing laws that distinguish between these two types of behavior is all but impossible, except in extreme cases. Therefore, the most practical way to discourage panhandling is to take the profit out of the activity -- to discourage people from giving to panhandlers.

The City, in partnership with local businesses and homeless service providers, needs to mount an aggressive campaign to encourage San Francisco residents, commuters, and visitors to give their cash to homeless charities rather than giving directly to panhandlers. A successful campaign will require widespread publicity, the support of merchants and the visitor industry, and opportunities to give to homeless charities that are as convenient as the many "tin cups" pedestrians confront in our major shopping and visitor areas.

Service vouchers, often proposed as an alternative to giving cash to panhandlers, do not discourage panhandling, they merely change the medium of exchange.

### **2. Limit the Number of Street People in Tourist and Retail Areas**

Limiting the number and visibility of street people in San Francisco's most popular tourist and shopping destinations is essential for the economic health of these areas. Prominent police presence and intensive enforcement of existing laws against aggressive panhandling, vagrancy, and sleeping on public streets can

## **San Francisco's Homeless Problem**

dispel congregations of street people, improve public perceptions of the safety of these neighborhoods, and begin to restore economic activity discouraged by the presence of street people. Effectively changing our local ethic on giving cash to panhandlers described in No. 1, above, would solve much of the problem, because street people are drawn to these high traffic areas because that's where panhandling is most productive.

### **3. Mobile Outreach Unit Targetting Highly Visible Homeless**

Much of the negative impact the homeless have on commercial activity is inflicted by a relatively small number of "high visibility" cases. These high visibility homeless could be addressed with a mobile outreach unit consisting of a social services worker, health worker, and police officer. The team would be charged with identifying high visibility persons and expediting their entry into the City's homeless service programs.

### **4. Increase Police Foot Patrols in Certain Key Areas at Key Times**

Potential patrons of the performing arts located in and around Civic Center, and patrons of South of Market dining and entertainment establishments frequently are discouraged from visiting these areas by concentrations of street people. Even if not engaged in illegal activity, street people often are perceived as a threat potential patrons are unwilling to risk. High visibility police foot patrols at appropriate times can reassure patrons and blunt much of the negative impact of street people in these areas.

### **5. Use Existing Ordinances to Keep Public Spaces Clear**

Current City laws that prohibit blocking sidewalks, setting up a business within a certain distance of a curb, and sleeping overnight in a public place can be strictly enforced to clear these public areas.

### **6. Avoid Long Queues for City Homeless Services**

Congregations of street people awaiting entry to shelters or other social service facilities discourage patronage of nearby retail establishments. Developing more effective "waiting" mechanisms, as some shelters have done, can help mitigate damage to local merchants



## San Francisco's Homeless Problem

from concentrations of the homeless.

The City's Social Services and Health Departments need to monitor their delivery systems to assure they are not creating unreasonable concentrations of homeless people. For example, the number of General Assistance checks a vendor was distributing to the homeless in the Mission on behalf of the Department of Social Services was permitted to grow from 250 twice a month, to more than 800 twice a month. Clearly 800 homeless people drawn to a single location on a single day is going to cause problems for local merchants and residents. Better City monitoring, and prompt corrective action is needed. This responsibility needs to be perceived as an integral part of providing social services.

### C. Curtailing the Growth of San Francisco's Homeless Population

San Francisco's homeless population is a flow, rather than a stock of persons. Data from our two multiservice centers indicate that 40% of our homeless have come to the City in the last year, 25% in the last three months, and 10% in the last 30 days. We are a regional magnet for homeless people because:

- . our dense development makes panhandling a viable occupation
- . we offer a comparatively generous array of social services
- . we have the region's largest stock of single resident occupied (SRO) hotel rooms; and
- . we have an abundance of sheltered and semisheltered public places to get out of the rain.

These factors, coupled with our close proximity to large State mental and penal institutions, make us the initial destination for a disproportionate number of released mental patients and prison inmates -- persons at high risk of becoming homeless.

San Francisco has responded to these realities by developing the region's most aggressive programs to meet the needs of homeless people -- programs that are an additional

## **San Francisco's Homeless Problem**

potential attraction for the region's homeless. In order for us to continue to provide the compassionate care most of us would choose to provide, we must take positive steps to limit the flow of homeless people into our City.

Initiatives we can take to contain the size of San Francisco's homeless population include:

- . Reduce the City's attractiveness to homeless people
  - . Provide incentives for homeless people to leave the streets and enter our homeless services system
  - . Prevent at risk San Franciscans from losing their homes
- 1. Reduce San Francisco's Attractiveness to Homeless persons**

As explained above, San Francisco is a regional magnet for homeless people. To reduce our City's attraction for homeless people we must:

- . **Reduce the productivity of panhandling** through vigorous enforcement of existing laws; expanded police presence that discourages begging; and a high profile campaign to encourage contributions to homeless charities, rather than giving directly to people on the streets.
- . **Prohibit sleeping overnight in public places.** Strictly enforce existing laws prohibiting sleeping and lodging in public places.
- . **Identify persons with intact support elsewhere.** A portion of our homeless population have intact support available to which they could return. These include many juveniles, and some of the mentally ill. Every effort should be made to identify these cases and reunite them with this support.
- . **Identify fugitives from other jurisdictions.** Fugitives from justice should not be allowed to endanger City residents, visitors, or shelter tenants. Police must identify wanted criminals among the homeless population, just as the police do among the housed population, and we must lobby for changes in State regulations that inhibit this process.



## **San Francisco's Homeless Problem**

- . **"Advertise" the fact that San Francisco does not welcome indigent homesteaders.** Currently our City has a self proclaimed reputation as a sanctuary for for anyone who does not fit in elsewhere. We should make clear that our tolerance does not extend to those who come here principally for a welfare livelihood. We need to develop the reputation of a tough, not an easy place to be homeless.
- 2. **Encourage homeless people to leave the streets and enter our homeless services system**
  - . **Enlarge the number of entry points for the homeless services system.** All City employees and private service providers who come in contact with homeless people on the streets or in other public places should be potential entry points to the homeless services system. Each of these persons should be equipped with basic information about how and where to get into the system. Similar information should be published in local newspapers and every citizen should be encouraged to direct the homeless into the system.
  - . **Shelter availability.** Aggressive recruitment of homeless people into the homeless services system assumes that sufficient beds are available to accommodate the entire street population. To handle surges in the number of homeless it receives, the City must develop mass emergency shelter capability. These mass facilities need not match the higher standards of the conventional shelter program, but they must be clean, safe alternatives to the streets.
  - . **Safe shelter.** City shelters need not be grand to offer a better alternative than the streets, but they must be safe. Documenting shelter tenants, segregating them by type of problem, and providing appropriate supervision is the surest route to safety.
  - . **Mobile outreach unit.** The mobile outreach unit discussed under III.B, above, aggressively will promote entry to the homeless services system to the most visible homeless in high traffic areas.

## **San Francisco's Homeless Problem**

- . **Street Units.** Homeless services system intake workers regularly should be detailed to areas with high concentrations of homeless people to search for, and recruit those who have not registered in the system. Any person found sleeping in a public place should be informed that his/her choices are to find private shelter or enter an approved public shelter.

### **3. Prevent at-Risk San Franciscans from Becoming Homeless**

Although the principal source of most of the growth in San Francisco's homeless population is persons drawn to the City by the attractions mentioned elsewhere in this paper, some of the homeless are long time residents who have lost their homes. The City needs to strengthen the safety net for these persons.

- . **Prevent loss of Section 8 housing.** The City must aggressively pursue programs to stem the potential loss of low income housing due to the expiration of Section 8 certification.
- . **Emergency rent assistance.** Successful experiments with emergency assistance to people in imminent danger of losing their homes should be expanded. These are logical candidates for building private partnerships and consortia to increase available funds and pool risks.
- . **Financial counselling.** Help in managing personal finances and counselling in this area of self sufficiency should be packaged with the many social services targeting people at risk of becoming homeless. Professional volunteer counselors could be organized to provide this service.

## **IV. Role of City Government**

The Jordan Administration's homeless program must provide a comprehensive strategy to solve the homeless problem. The Mayor has appointed Larry Cruz to the position of homeless coordinator to direct the multifaceted strategy required to solve the homeless problem.



## **San Francisco's Homeless Problem**

### **1. Leadership and Systems Management**

San Francisco's homeless program must be managed as a system encompassing the problem of homelessness for both homeless persons and our economy, and an aggressive effort to reduce the growth of the homeless population.

### **2. Central decision-making and Resource Allocation**

City government's homeless program must centralize policy decisions to assure appropriate support for all three aspects of the program and to assure program elements are tailored to available resources.

### **3. Measurement and Evaluation**

A successful homeless program must provide objective measurement and evaluation of program results.

- . **Set Clear Goals Capable of Objective Measurement and Evaluation.** Goals must be set in a way that permits routine, objective measurement. The Mayor's Fiscal Advisory Committee (MFAC) can help establish these goals and develop measurement methodologies.
- . **Establish reliable tracking and accounting systems** for consistent, accurate measurement of costs associated with San Francisco's homeless problem.
- . **Evaluate Current & Proposed Programs.** Assess the effectiveness of resource use in current homeless programs and their potential for achieving stated goals with available resources. Establish guidelines for the on-going objective evaluation of implementation success.

### **4. Reports**

San Francisco's homeless strategy should include regular dissemination of reports to policy decision makers, service providers and funders. A comprehensive annual review of homeless programs should be published summarizing the costs of programs (direct and indirect), program goals, and success in achieving them. It is unreasonable to expect to solve the homeless problem without this most elementary management tool.

## San Francisco's Homeless Problem

### 5. Public Information

San Francisco's homeless program needs the wisdom and participation of our entire community. To make our effort inclusionary, we must share program goals, design, and evaluation with the public we serve.

### V. Conclusion

The problems homelessness poses for the City of San Francisco and the problems homelessness poses for homeless people are not the same -- and they require different solutions. This paper discusses components of successful solutions to both. The public policy it proposes includes:

- . Reduce the flow of homeless people into the City to stabilize the size of the homeless population that must be served
- . Document the homeless population and their specific needs to provide a rational basis for designing and funding programs to meet their needs
- . Develop and implement programs encompassing the entire homeless population.
- . Reduce the adverse impact of homeless people on the private economy by lowering their visibility (pan-handling, loitering or sleeping in public places, fouling the street, other antisocial behavior)
- . Tailor programs to available resources -- one reason present programs fail is because they use all of the available resources to do half the job. San Francisco's approach to the AIDS problem is a model for how creative and successful we can be in addressing difficult problems with limited resources.
- . Design programs that permit measurement and evaluation of progress toward the goal of eliminating homelessness in San Francisco.
- . Assure San Francisco's homeless programs have the management talent required to solve the problem.



## APPENDICES

- I. San Francisco's Homeless Services Providers
  - A. Emergency shelter facilities
  - B. Emergency food programs
  - C. Substance Abuse Treatment Programs
- II. Detailed Homeless Program Expenditures  
City & County of San Francisco
- III. San Francisco's Current Homeless Program
  - . Beyond Shelter Summary
  - . Multiservice Centers
  - . Richmond Hills Family Center
  - . Twelve Point Policy for San Francisco's Homeless
- IV. Aid Recipient Identification Programs
  - . Current San Francisco Program
  - . Los Angeles Fingerprinting Program

## APPENDIX I

### APPENDIX I -- HOMELESS SERVICES PROVIDERS

Appendix 1 summarizes major shelter, food, and substance abuse services programs currently provided to San Francisco's homeless population. Maps identifying the location of primary shelter and food programs also are provided.

- . Appendix 1A -- 21 emergency shelter facilities, and 25 SRO hotels participating in "Hotline Hotel" program administered by the Department of Social Service
- . Appendix 1B -- 27 emergency food programs.
- . Appendix 1C -- 57 substance abuse treatment programs administered by 34 service providers

The services providers listed do not serve only homeless people, but it is likely that most service recipients are, if not homeless, at risk of becoming homeless. At present, the City does not maintain a comprehensive inventory of services provided to homeless or at-risk individuals. Therefore, the providers listed may not include each provider of services in each category. Other services such as health care and legal assistance provided to homeless people are also not included. A key activity of the new homeless coordinator will be compilation of a complete inventory of services provided to San Francisco's homeless.



## SAN FRANCISCO'S EMERGENCY SHELTER PROGRAMS

Map ID	Program	No. Beds	Maximum Stay	Target Clientele
1	Asian Women's Shelter	10	9-weeks	Battered women
2	Canon Kip Shelter /1/	60	1-night	Men
3	Diamond Youth Center	20	3-nights	Youth age 12-17
4	Dolores Street Shelter	17		Latino men
5	Emergency Housing Asst. /2/			
6	Episcopal Sanctuary	226	30-days	Women/disabled/seniors
7	Hamilton Family Center	70	1-night	Families/pregnant women couples
8	Hospitality House	80	4-nights	Men
9	Hospitality House (Youth)	17		Youth age 15-20
10	Huckleberry House	6	5-days	Youth age 12-17
11	La Casa de las Madras	47	8-weeks	Battered women & their children
12	Missionaries of Charity	17	30-days	Pregnant women & their children
13	Multiservice Center (5th) /3/	200		Men
14	Multiservice Center (Polk) /3/	225		Men/women
15	Multiservice Center (Family)	40		Women with children
16	Raphael House	50	1-night	Families/pregnant women
17	Rosalie House	20	1-night	Battered women & their children
18	Salvation Army	55	1-night	Men
19	St. Anne's Shelter	17		Latino men
20	St. Anthony's	40	1-week	Women
21	Traveler's Aid	13	1-night	Families

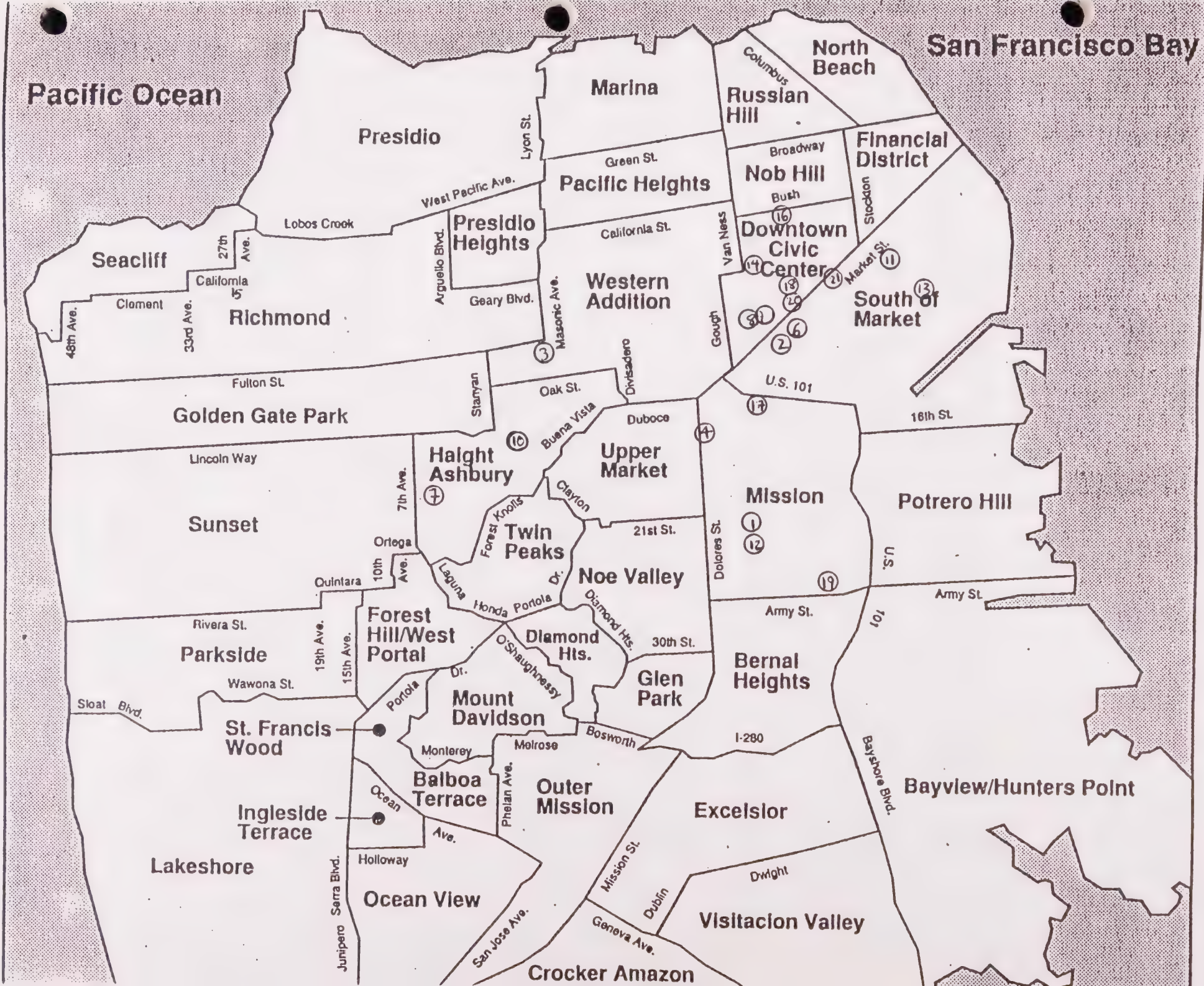
SOURCE: The Bar Association of SF "Homeless Advocacy Project Manual", 1991; Department of Social Services (DSS) "Free Shelter" chart.

/1/ Overnight beds may be renewed on a case-by-case basis

/2/ This is the "Hotline Hotel" program which uses unoccupied SRO hotel rooms to house homeless people on an as requested basis. On average, 175 beds are available each night.

/3/ The 5th & Bryant and the Polk & Geary Multiservice Centers each allocate 100 beds for one-night emergency shelter, and 100 beds for persons in case management. The Polk & Geary Center also allocates 25 beds for respite care.

## APPENDIX 1A -





**"HOTLINE HOTEL" EMERGENCY SHELTER PROGRAM**  
of the Department of Social Services

Hotel	Address	ZIP Code
-----	-----	-----
ADRIAN HOTEL	493 Eddy Street	94109
ALDER HOTEL	175 6th Street	94103
ALL STAR HOTEL	2791 16th Street	94103
APOLLO HOTEL	422 Valencia Street	94103
ARANDA HOTEL	64 Turk Street	94102
AUBURN HOTEL	481 Minna Street	94103
BOSTON HOTEL	140 Turk Street	94102
CROWN HOTEL	528 Valencia Street	94110
DAHLIA HOTEL	74 Turk Street	94102
DELTA HOTEL	88 Sixth Street	94103
EULA HOTEL	3061 Sixteenth Stree	94103
EUROPA HOTEL	310 Columbus Avenue	94133
FAIRFAX HOTEL	420 Eddy Street	94109
GRAND SOUTHERN HOTEL	1941 Mission Street	94103
JEFFERSON HOTEL	440 Eddy Street	94102
KING HOTEL	663 Valencia Street	94110
KINNEY HOTEL	410 Eddy Street	94109
LAWRENCE HOTEL	48 Sixth Street	94103
MINNA LEE HOTEL	149 Sixth Street	94103
OAK HOTEL	171 Fell Street	94102
OAKWOOD HOTEL	44 Fifth Street	94103
SAI HOTEL	964 Howard Street	94103
ST. GEORGE HOTEL	395 Eddy Street	94102
THOR HOTEL	2084 Mission Street	94110
WARFIELD HOTEL	118 Taylor Street	94102

SOURCE: Department of Social Services (DSS). DSS estimates an average of 175 emergency shelter rooms are available each night.

## EMERGENCY FOOD PROGRAMS

## WEEKLY MEAL SERVICES

Map ID	Provider	Brkfst.	Lunch	Dinner	TOTAL MEALS PER WEEK
1	All Saints Church	0	2	0	na
2	First Baptist Church	0	0	/1/	na
3	Glide Memorial Church	7	7	5	15,000
4	Haight Ashbury Food Program	0	4	0	2,100
5	Hospitality House Youth Center	0	5	0	na
6	Martin de Porres	5	2	0	4,000
7	Missionaries of Charity	0	0	7	na
8	Neighborhood Baptist Church	0	0	0	na
9	19th Avenue Baptist Church	0	0	/2/	na
10	Primera Iglista Bautista del Sur	/3/	0	0	na
11	St. Anthony's	0	7	0	15,000
12	St. John's African Temple	0	3	0	na
13	St. Peter and Paul Church	0	0	7	500
14	Third Baptist Church	0	1	0	na
15	True Hope Church	0	1	0	na
16	United Council of Human Services	0	0	1	na

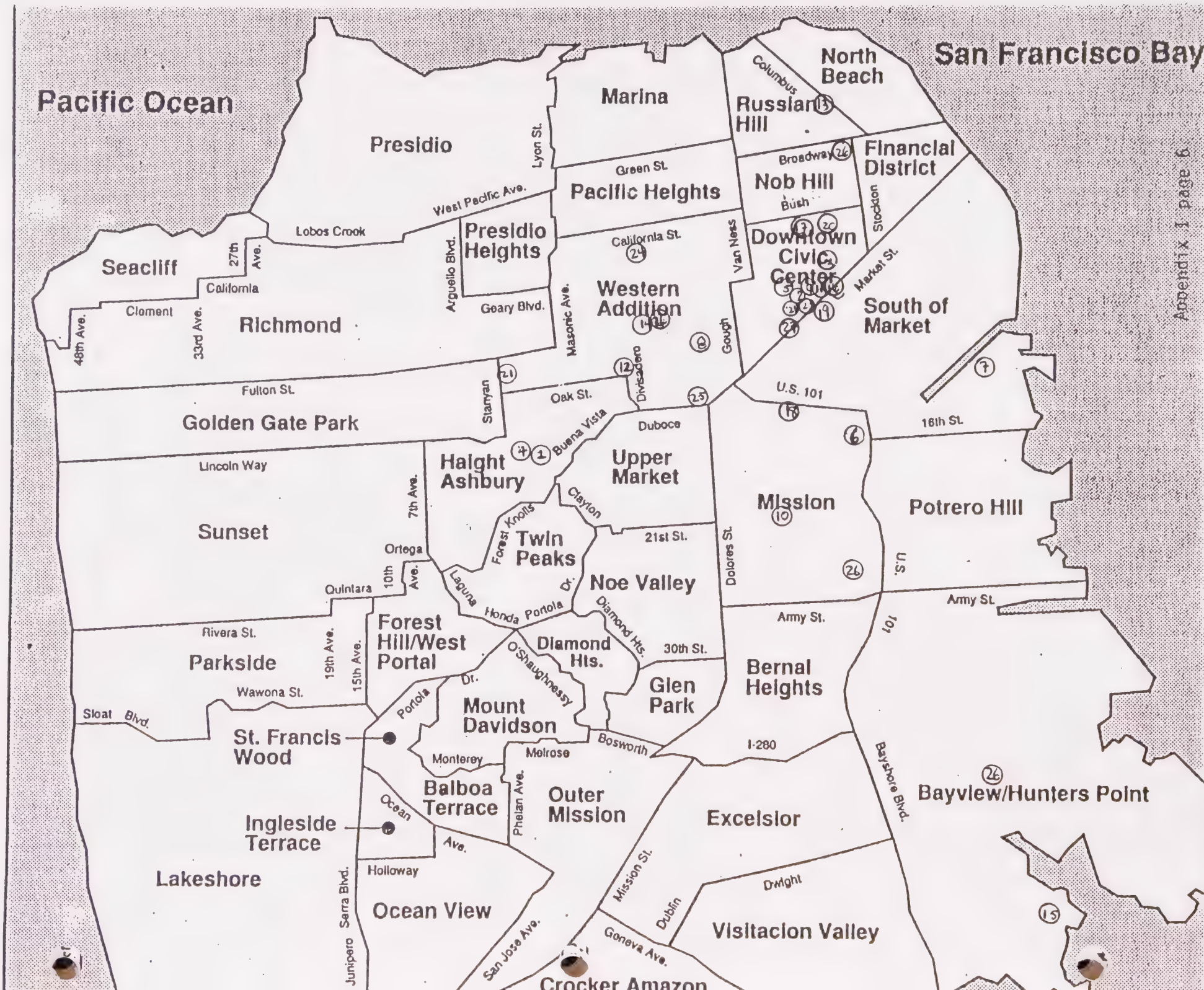
## SPECIAL FOOD PROGRAMS

Map ID	Provider	Description	Weekly Volume
17	American Red Cross	Disaster victims	na
18	Canned Foods Inc.	Discount canned foods	na
19	Economic Opportunity Council	Pregnant women	na
20	First Congregational Church	Monthly voucher program	na
21	Food not Bombs		na
22	Food Box Programs	100 Services providers	4,500
23	Food Stamps	Federal program for low income people	na
24	Project Keisher	At-risk Jewish families	na
25	SF AIDS Foundation Food Bank	Persons living with AIDS/ARC	na
26	Temporary Emergency Assistance	Government surplus foods	na
27	Women Infants & Children	Vouchers for pregnant women	na

/1/ Dinners served twice a month  
 /2/ Dinners served once a month  
 /3/ Breakfasts served once a month

SOURCE: "Homeless Advocacy Project Resource Manual" Bar Association of San Francisco, 1991; "Free Eats Chart" 01/01/92 through 02/29/92





## Appendix IC

### COMMUNITY SUBSTANCE ABUSE SERVICES CONTRACTORS

Appendix IC provides narrative descriptions of substance abuse treatment services provided by the Department of Public Health through independent contractors to San Francisco residents including homeless, indigent, or at-risk citizens. Information on substance abuse programs offered by noncontracting providers and programs whose primary focus is treatment of the mentally ill is not included.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Asian American Residential Recovery Services		3. PROVIDER CODE C 383825	
4. CONTACT PERSON'S NAME Alan B. Wong, Program Director		5. PHONE NUMBER (415) 750-5111 ext. _____		6. SERVICE CODE 30	
7. MAILING ADDRESS 2024 Hayes Street San Francisco, CA 94117		8. FACILITY ADDRESS [ ] CONFIDENTIAL 2024 Hayes Street San Francisco, CA 94117			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ <input checked="" type="checkbox"/> ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ <input checked="" type="checkbox"/> ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [ <input checked="" type="checkbox"/> ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE T.C./CEII NUMBER 6,480/3,412 COST PER 58.14/34.49					
14. CAPACITY: STATIC 26 DYNAMIC 30 AVERAGE LENGTH OF STAY 18 months					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ <input checked="" type="checkbox"/> ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) (See Attached)					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME BAKER PLACES ACCEPTANCE PLACE		3. PROVIDER CODE C 383875	
4. CONTACT PERSON'S NAME JOE HEALY, PROGRAM DIRECTOR			5. PHONE NUMBER (415-695-1708 ext. _____		6. SERVICE CODE 30
7. MAILING ADDRESS 673 San Jose Ave., SF 94110			8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME AS MAILING		
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT			[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
<input type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> DISABLED	
<input checked="" type="checkbox"/> MEN		<input type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic)		<input checked="" type="checkbox"/> GAY/LESBIAN	
<input type="checkbox"/> WOMEN ONLY		<input type="checkbox"/> ALASKAN NATIVE		<input checked="" type="checkbox"/> HOMELESS	
<input type="checkbox"/> WOMEN & CHILDREN		<input type="checkbox"/> AMERICAN INDIAN		<input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS	
<input type="checkbox"/> PREGNANT WOMEN		<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE		<input type="checkbox"/> RURAL/ISOLATED	
<input type="checkbox"/> YOUTH/ADOLESCENT		<input type="checkbox"/> HISPANIC		<input checked="" type="checkbox"/> PUBLIC INEBRIATES	
<input type="checkbox"/> ELDERLY		<input type="checkbox"/> OTHER _____ (Specify)		<input checked="" type="checkbox"/> IVU/HIV	
<input type="checkbox"/> FAMILIES				<input type="checkbox"/> CRIMINAL JUSTICE	
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL					
If yes or by referral indicate type:					
<input checked="" type="checkbox"/> HEARING		<input checked="" type="checkbox"/> VISUAL		<input checked="" type="checkbox"/> MENTAL	
<input checked="" type="checkbox"/> MOBILITY		<input checked="" type="checkbox"/> PHYSICAL		<input checked="" type="checkbox"/> DEVELOPMENTAL	
[ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>12 beds</u> NUMBER <u>3942</u> COST PER <u>\$62.30</u>					
14. CAPACITY: STATIC _____ DYNAMIC <u>x</u> AVERAGE LENGTH OF STAY <u>74 days</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)					
<p>This component of Baker Places provides a comprehensive residential treatment program for gay men whose lives are disrupted or impaired because of their substance abuse and attendant problems (including AIDS related and psychiatric complications.</p> <p>A home-like facility is maintained to provide food, shelter and rehabilitation services in a community-based, peer-group oriented, clean and sober living environment. The principles of social rehabilitation are applied to support this purpose.</p> <p>Individual &amp; group counseling, educational and recreational services, and linkage with health, social, vocational and other support services are available.</p> <p>** LINE 12: Our facility is not wheel chair accessible. Our clients are required to work or volunteer day (over)</p> <p>Prevention Strategy Code(s) _____</p>					

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME BAKER PLACES BAKER NEW PLACE		3. PROVIDER CODE c 383875	
4. CONTACT PERSON'S NAME JOE HEALY, PROGRAM DIRECTOR		5. PHONE NUMBER (415) 346-6193 ext. _____		6. SERVICE CODE 30	
7. MAILING ADDRESS 1375 GROVE ST., SF, CA 94117		8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME AS MAILING			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS <input checked="" type="checkbox"/> DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) HIV/ARC/AIDS					
13. UNITS OF SERVICE PROVIDED: TYPE 17 beds NUMBER 5584 COST PER \$47.32					
14. CAPACITY: STATIC _____ DYNAMIC X AVERAGE LENGTH OF STAY 112 days					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  ** LINE 12: Our facility is not wheel chair accessible. Our clients are sufficiently functional enough to be involved in a work or volunteer day program. We have had clients who have had some degree of disability in all the categories cited.  This component of Baker New Place provides 90 to 180 days of residential treatment to 50 individuals. Services are available to the multi-diagnosed: psychiatrically impaired, substance abusers and HIV infected.  A home-like facility of 17 beds is maintained to provide food, shelter, and rehabilitation services in a community based, multi-culturally relevant, peer oriented group. Individual and group Prevention Strategy Code(s) _____ (over)					

NOTE: Complete one DEM-7226 for each Service Code.

DEM-7226 (5/91)

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Center for Human Development		3. PROVIDER CODE C _____	
4. CONTACT PERSON'S NAME Delores Richardson		5. PHONE NUMBER (415) 979-0366 ext. _____		6. SERVICE CODE 10	
7. MAILING ADDRESS 111 New Montgomery, Ste. 209, SF, CA, 94105		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN <input checked="" type="checkbox"/> YOUTH/ADOLESCENT [ ] ELDERLY <input checked="" type="checkbox"/> FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Prevention</u> NUMBER <u>1006</u> COST PER <u>\$28.17</u>					
14. CAPACITY: STATIC <u>10-25</u> DYNAMIC <u>1000</u> AVERAGE LENGTH OF STAY <u>NA</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ <input checked="" type="checkbox"/> ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  CHD has two components: 1) Strengthening Family Ties and 2) Community Day School Project. Strengthening Family Ties works with parents of elementary school age children receiving Here's Looking at You 2000 from the SF Police Department. The parents attend workshops on communication, setting limits, drug and alcohol education, values clarification and role modeling. The Community Day School Project trains teachers how to work with high-risk youth in a school setting using the Tribes curriculum and group process. In addition, CHD facilitates support groups for the youth at the schools. Objectives include: 1) Provide SFT workshops to 904 parents; 2) Provide 24 hours of training to six teachers and six aides which includes creating a cooperative learning environment; 3) Facilitate weekly 1-hour peer support groups for 50 high-risk youth from four Community Day Schools.  Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME CATS Counseling Services for Drinking Drivers		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Ellen Brown		5. PHONE NUMBER (415) 978-5467 ext.		6. SERVICE CODE 10,20	
7. MAILING ADDRESS 965 Mission St., Ste. 300, SF CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV <input checked="" type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY)					
13. UNITS OF SERVICE PROVIDED: TYPE Ed./Counseling NUMBER 550 COST PER \$9.33					
14. CAPACITY: STATIC 550 DYNAMIC 550 AVERAGE LENGTH OF STAY 18 months					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Multiple Offender Drinking Driver Program consisting of education, individual and group counseling for 12 months, followed by individual aftercare sessions for an additional 6 months. Objectives include: 1) to provide 12 hours of education to 522 clients; 2) to provide weekly group counseling sessions for a total of 52 hours and bi-weekly group counseling sessions for a total of 52 hours; 3) to provide 6 hours of after-care groups to 385 clients; 4) to maintain state certification and good working relationships with CsAS and the Courts.					
Prevention Strategy Code(s) 3					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Driver Performance Institutes		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Nomi Dekel		5. PHONE NUMBER 415)905 -5555 ext. _____		6. SERVICE CODE 10, 20	
7. MAILING ADDRESS 330 Townsend St., Ste. 203, SF CA 94107		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [ ] NONPROFIT [X] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [X] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [X] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [X] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [X] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [X] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE Ed., Counseling & NUMBER 670 COST PER \$13.13					
14. CAPACITY: STATIC 90 DYNAMIC 670 AVERAGE LENGTH OF STAY 3 months					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) First Offender Drinking Driver Program, regulated by SB 1344. Consists of 30 hours education and individual/group counseling over 3 months with 3 individual sessions. Objectives include: 1) Provide 30 hours of DUI services to 670 clients during FY '91-92; 2) Conduct 2010 face to face interviews.					
Prevention Strategy Code(s) 3					

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME 18th Street Services		3. PROVIDER CODE C 383802	
4. CONTACT PERSON'S NAME Frank Davis		5. PHONE NUMBER (415) 861-4898 ext. _____		6. SERVICE CODE 10	
7. MAILING ADDRESS 217 Church Street SF 94114		8. FACILITY ADDRESS [ ] CONFIDENTIAL 217 Church Street San Francisco 94114			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ <input checked="" type="checkbox"/> ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ <input checked="" type="checkbox"/> ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ <input checked="" type="checkbox"/> ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [ ] NO [ <input checked="" type="checkbox"/> ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ <input checked="" type="checkbox"/> ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>CPII</u> NUMBER <u>4000</u> COST PER <u>\$50.00</u>					
14. CAPACITY: STATIC <u>N/A</u> DYNAMIC <u>N/A</u> AVERAGE LENGTH OF STAY <u>N/A</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ <input checked="" type="checkbox"/> ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  18th Street Services provides community education and information about HIV and substance abuse to gay and bisexual IDU's and other gay substance abusers, homeless youth, the gay recovering community, and the gay community in general, along with information and education to other community agencies and health professionals.  Activities include participation in community forums, seminars, individual and group informational sessions, inservice trainings; providing information and referrals to telephone callers; group and individual substance abuse informational counseling to homeless youth.					
Prevention Strategy Code(s) <u>1</u> <u>3</u>					

DEM-7226 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME 18th Street Services		3. PROVIDER CODE c 383802	
4. CONTACT PERSON'S NAME Frank Davis		5. PHONE NUMBER ( 415 861 4898 ext. _____		6. SERVICE CODE 20	
7. MAILING ADDRESS 217 Church Street SF 94114		8. FACILITY ADDRESS [ ] CONFIDENTIAL 217 Church Street San Francisco 94114			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ X ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ X ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ X ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [ ] NO [ X ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ X ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Counseling</u> NUMBER <u>4800</u> COST PER <u>\$48.75</u>					
14. CAPACITY: STATIC <u>180</u> DYNAMIC <u>500</u> AVERAGE LENGTH OF STAY <u>6 mos.</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  18th Street Services provides outpatient drug-free substance abuse treatment counseling (group and individual) to gay and bisexual men (youth and adults). Some targeted funds are included: Waiting List, High Risk Youth, IVDU, HIV, Ryan White CARE.					
Prevention Strategy Code(s) _____					



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Friendship House Association of American Indians, Inc.		3. PROVIDER CODE C380010	
4. CONTACT PERSON'S NAME Helen Waukazoo		5. PHONE NUMBER (415) 431-6323 ext.		6. SERVICE CODE 30,12,00	
7. MAILING ADDRESS 80 Julian Ave. San Francisco, CA. 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER <input type="checkbox"/> OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT <input type="checkbox"/> FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION MEN/Women <input type="checkbox"/> WOMEN ONLY <input type="checkbox"/> WOMEN & CHILDREN <input type="checkbox"/> PREGNANT WOMEN <input type="checkbox"/> YOUTH/ADOLESCENT <input type="checkbox"/> ELDERLY <input type="checkbox"/> FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic) <input checked="" type="checkbox"/> ALASKAN NATIVE <input checked="" type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (Specify) OTHER POPULATIONS <input checked="" type="checkbox"/> DISABLED <input checked="" type="checkbox"/> GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS <input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS <input checked="" type="checkbox"/> RURAL/ISOLATED <input checked="" type="checkbox"/> PUBLIC INEBRIATES <input checked="" type="checkbox"/> IDU/HIV <input checked="" type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL <input checked="" type="checkbox"/> MENTAL [ ] DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER (SPECIFY)					
13. UNITS OF SERVICE PROVIDED: TYPE <u>residential</u> NUMBER <u>40</u> COST PER <u>56.09</u>					
14. CAPACITY: STATIC <u>20</u> DYNAMIC <u>80</u> AVERAGE LENGTH OF STAY <u>3-4 months</u>					
15. PROGRAM STATUS: <input type="checkbox"/> NEW PROJECTED START DATE: _____ <input checked="" type="checkbox"/> EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) <p>The Friendship House Association of American Indians, Inc. is a non-profit organization in San Francisco, California. What started out as a drop-in center and social services agency for American Indians that had been relocated off of their reservations, has evolved into a comprehensive drug and alcoholism treatment program designed primarily for American Indians. Our 20-bed facility, located in the Mission District of San Francisco, has been in existence since 1963. The Friendship House is home to an average of 150 clients per year, clients who come from Alaska, Washington, Idaho, Oregon, Utah, Nevada, New Mexico, Arizona, and all counties of California as well. While we are designed primarily for American Indians, we do not discriminate on the basis of race, sex, national origin, religious affiliation, or ability to pay for admission to our program.</p> <p>The Friendship House Association of American Indians, Inc. provides limited preventive services due to the lack of staff and money.</p> <p>Once a year, we provide community conferences to clients we serve, their families, and agency directors.</p> <p>Prevention Strategy Code(s) <u>1</u> <u>4</u></p>					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Golden Gate for Seniors		3. PROVIDER CODE C 380020	
4. CONTACT PERSON'S NAME Donald J. Frolli		5. PHONE NUMBER (415) 626-7553 ext. _____		6. SERVICE CODE 30	
7. MAILING ADDRESS 637 South Van Ness Avenue, San Francisco		8. FACILITY ADDRESS [ ] CONFIDENTIAL -same-			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT <input checked="" type="checkbox"/> ELDERLY <input checked="" type="checkbox"/> FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Bed Days</u> NUMBER <u>5475</u> COST PER <u>29.10</u>					
14. CAPACITY: STATIC <u>15</u> DYNAMIC <u>48</u> AVERAGE LENGTH OF STAY <u>5.5 mos.</u>					
15. PROGRAM STATUS: [ ] NEW [ ] EXPANSION OF SERVICES [ ] EXISTING PROJECTED START DATE: _____					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Provide residential recovery services to men and women 55 years of age and older. Goals - Services to 33 new unduplicated clients; 5475 units of service; average daily census of 15. Objectives - 50% of clients to complete treatment; average length stay 5.5 mos; all residents self paying within 30 days; clients completing treatment will complete 80% of recovery goals.* * Continued abstinence from alcohol; attending 12-Step Groups; secure independent living; attain fixed income; maintaining health needs; maintain contact with family as appropriate; participation in social activities; legal problems resolved.  Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.



DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

## Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Haight Ashbury Alcohol Treatment Services		3. PROVIDER CODE C 380030	
4. CONTACT PERSON'S NAME Israel C. Ngoro, Program Director		5. PHONE NUMBER (415) 552-7230 ext. _____		6. SERVICE CODE 20,10	
7. MAILING ADDRESS 425 Divisadero Street, San Francisco 94117		8. FACILITY ADDRESS [ ] CONFIDENTIAL 425 Divisadero Street San Francisco, CA 94117			
9. [X] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [X] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
[X] GENERAL POPULATION		[X] GENERAL POPULATION		[ ] DISABLED	
[ ] MEN		[ ] BLACK/AFRICAN-AMERICAN (Not Hispanic)		[ ] GAY/LESBIAN	
[ ] WOMEN ONLY		[ ] ALASKAN NATIVE		[ ] HOMELESS	
[ ] WOMEN & CHILDREN		[ ] AMERICAN INDIAN		[X] MULTIPLE DIAGNOSIS	
[ ] PREGNANT WOMEN		[ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE		[ ] RURAL/ISOLATED	
[ ] YOUTH/ADOLESCENT		[ ] HISPANIC		[ ] PUBLIC INEBRIATES	
[ ] ELDERLY		[ ] OTHER _____ (Specify)		[ ] IDU/HIV	
[ ] FAMILIES				[ ] CRIMINAL JUSTICE	
12. DISABILITY ACCESS: [X] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [X] MOBILITY [X] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Direct</u> NUMBER <u>7,332</u> COST PER <u>45.90</u>					
14. CAPACITY: STATIC <u>110</u> DYNAMIC <u>880</u> AVERAGE LENGTH OF STAY <u>6 months</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Haight Ashbury Alcohol Treatment Services is a private, non-profit, community-based outpatient clinic providing comprehensive alcohol treatment services to men and women over 18 who are affected by alcoholism, with services to alcoholics, co-alcoholics, adult children of alcoholics and their families. Alcoholism is viewed in a non-judgmental way as a primary and treatable disease which impacts all family members. HAATS does not discriminate on the basis of race, sex, religion, disability, sexual orientation or income level. Services are free, but donations are solicited and gratefully accepted. No one is denied services due to inability to contribute financially.  Clients participating in the Early Recovery Program begin with an individual intake session. They are then placed in an eight-week education group, after which they graduate into a 16-week men's women's or mixed therapy / support group. Clients are also expected to attend at least two additional 12-step meetings per week. Individual, couples or family therapy is also available after the first eight weeks. In addition, we have a group specifically designed for dual-diagnosis clients. Intermediate recovery groups are held periodically on such topics as Relapse prevention, creativity, sexuality and Prevention Strategy Code(s) <u>1 3</u>					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Bill Pone Program Haight-Ashbury Free Clinics, Inc.		3. PROVIDER CODE c 380032	
4. CONTACT PERSON'S NAME Darryl Inaba, Pharm. D.		5. PHONE NUMBER (415) 565 - 1905 ext. _____		6. SERVICE CODE 24	
7. MAILING ADDRESS 3333 California Street San Francisco, CA 94118		8. FACILITY ADDRESS [ ] CONFIDENTIAL 1781 Haight Street San Francisco, CA 94117			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT <input checked="" type="checkbox"/> ELDERLY <input checked="" type="checkbox"/> FAMILIES ETHNICITY [ ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN <input checked="" type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [XX] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>visits</u> NUMBER <u>1800</u> COST PER <u>\$48.85</u>					
14. CAPACITY: STATIC _____ DYNAMIC <u>100</u> AVERAGE LENGTH OF STAY <u>6 months</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [XX] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Activities: outpatient, drug-free counseling for Asian-Americans and Pacific Islanders involved in drug abuse. Counseling to homebound elderly, and to families, is also provided. Goals: (1) To reduce or eliminate drug use by clients; (2) to expand the program's treatment capabilities and its repertory of therapeutic techniques; and (3) to increase clients' awareness of the threat of AIDS and to educate them in means of avoiding HIV infection. Objectives: (1) to deliver at least 1,800 hours of service to substance-abusing Asian-Americans and Pacific Islanders; (2) to provide 60 hours of staff training; (3) to deliver at least 300 hours of skills training relevant to HIV risk reduction; (4) to substantially eliminate illicit drug use for at least 80% of clients who remain in treatment for more than one week; and (5) to maintain a staff which is reflective of and sensitive to the cultural needs of the client population. Prevention Strategy Code(s) _____					



☐ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Tenderloin Crack Program (Black Extended Family Program), HAFCI		3. PROVIDER CODE C 380031	
4. CONTACT PERSON'S NAME Rafiq Bilal		5. PHONE NUMBER 415) 771-6865 ext. _____		6. SERVICE CODE 24	
7. MAILING ADDRESS 3333 California Street San Francisco, CA 94118		8. FACILITY ADDRESS [ ] CONFIDENTIAL 330 Ellis Street San Francisco, CA 94102			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
<input checked="" type="checkbox"/> GENERAL POPULATION		<input type="checkbox"/> GENERAL POPULATION		<input type="checkbox"/> DISABLED	
<input type="checkbox"/> MEN		<input checked="" type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic)		<input type="checkbox"/> GAY/LESBIAN	
<input type="checkbox"/> WOMEN ONLY		<input type="checkbox"/> ALASKAN NATIVE		<input type="checkbox"/> HOMELESS	
<input type="checkbox"/> WOMEN & CHILDREN		<input type="checkbox"/> AMERICAN INDIAN		<input type="checkbox"/> MULTIPLE DIAGNOSIS	
<input type="checkbox"/> PREGNANT WOMEN		<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE		<input type="checkbox"/> RURAL/ISOLATED	
<input type="checkbox"/> YOUTH/ADOLESCENT		<input type="checkbox"/> HISPANIC		<input type="checkbox"/> PUBLIC INEBRIATES	
<input type="checkbox"/> ELDERLY		<input type="checkbox"/> OTHER _____ (Specify)		<input type="checkbox"/> IDU/HIV	
<input type="checkbox"/> FAMILIES				<input type="checkbox"/> CRIMINAL JUSTICE	
12. DISABILITY ACCESS: [ ] YES [XX] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>visits</u> NUMBER <u>13,646</u> COST PER <u>\$26.98</u>					
14. CAPACITY: STATIC _____ DYNAMIC <u>500</u> AVERAGE LENGTH OF STAY <u>4 months</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [XX] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Activities: individual counseling and supportive groups for a largely African American clientele of substance abusers. Most, but not all, abuse is of "crack" cocaine. Goal: to retain clients in treatment long enough to complete physiological detoxification and to begin a sustained recovery process. Objectives: (1) to deliver 8,400 units of service to 1,400 different clients during the Fiscal Year (1991-92); (2) to attain an abstinence level of at least 80% in enrollees in supportive groups ("Generation Classes") during the month prior to their graduation; and (3) to record a retention level of at least 50% among all graduates of Generation Classes, in the program's aftercare support groups or meetings, for an average of 3 meetings per week over a period of six months. Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Drug Detoxification, Rehabilitation & Aftercare Project Haight-Ashbury Free Clinics, Inc.		3. PROVIDER CODE C383820	
4. CONTACT PERSON'S NAME Darryl Inaba, Pharm. D.		5. PHONE NUMBER 415565 - 1905 ext. _____		6. SERVICE CODE 24	
7. MAILING ADDRESS 3333 California Street San Francisco, CA 94118		8. FACILITY ADDRESS [ ] CONFIDENTIAL 529 Clayton Street San Francisco, CA 94117			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN <input checked="" type="checkbox"/> PREGNANT WOMEN <input checked="" type="checkbox"/> YOUTH/ADOLESCENT <input checked="" type="checkbox"/> ELDERLY <input checked="" type="checkbox"/> FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS <input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES <input checked="" type="checkbox"/> IDU/HIV <input checked="" type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL <input checked="" type="checkbox"/> MENTAL [ ] DEVELOPMENTAL [ * ] MOBILITY [ * ] PHYSICAL [ ] OTHER (SPECIFY) ** = by late 1992					
13. UNITS OF SERVICE PROVIDED: TYPE <u>visits</u> NUMBER <u>22,480</u> COST PER \$ <u>52.78</u>					
14. CAPACITY: STATIC _____ DYNAMIC <u>500</u> AVERAGE LENGTH OF STAY <u>3 months</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ <input checked="" type="checkbox"/> ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Activities: the Detox Project is an outpatient clinic providing medications-assisted (non-methadone, non-maintenance) detoxification for San-Francisco-resident drug users. Medical care, vocational counseling, psychiatric services, therapy groups, and 12-step groups are available. Objectives: (1) to deliver at least 25,800 units of service to substance-abusing clients; (2) to provide employment counseling to at least 15% of employable, unemployed clients in treatment; (3) to provide 60 hours of staff training; (4) to carry out HIV risk assessment for at least 95% of new or readmitted clients; (5) to provide 1,600 hours of skills training relevant to HIV risk reduction; (6) substantially to eliminate illicit drug use for at least 80% of the clients who remain in treatment for more than one week; and (7) to maintain, through affirmative action hiring if necessary, a staff which is reflective of and sensitive to the cultural needs of the client population. Prevention Strategy Code(s) _____					



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME AIDS Program Haight-Ashbury Free Clinics, Inc.		3. PROVIDER CODE c 383820	
4. CONTACT PERSON'S NAME John Newmeyer, Ph.D.		5. PHONE NUMBER 415565-1903 ext. _____		6. SERVICE CODE 24	
7. MAILING ADDRESS 3333 California Street San Francisco, CA 94118		8. FACILITY ADDRESS [ ] CONFIDENTIAL 409 Clayton Street San Francisco, CA 94117			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED <input checked="" type="checkbox"/> GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES <input checked="" type="checkbox"/> IVU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES <input checked="" type="checkbox"/> NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE 1:1 contacts NUMBER 10,400 COST PER \$25.44					
14. CAPACITY: STATIC n/a DYNAMIC n/a AVERAGE LENGTH OF STAY n/a					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ <input checked="" type="checkbox"/> ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Activities are (1) street outreach on a 1:1 basis from CHOWs to persons at risk for HIV, and (2) outpatient counseling and treatment for IV drug users and their sexual partners at risk for AIDS. Objectives are (1) to provide at least 7,200 units of 1:1 service for IV drug users or their sexual partners; (2) to provide at least 3,200 units of outpatient service to clients in a HIV case-management program; and (3) to refer to the Detox Project of the HAFCI at least 40 HIV+ IV drug users who remain in treatment through at least 3 visits. Prevention strategies center around one-on-one peer education, bleach and condom distribution, and targeted HIV case-management services (including education regarding protection of sexual partners) for HIV+ IV drug users. Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Harriet Street Center		3. PROVIDER CODE C383877	
4. CONTACT PERSON'S NAME Celinda Cantu			5. PHONE NUMBER (415) 863-3250 ext. _____		6. SERVICE CODE 20
7. MAILING ADDRESS 444 6th Street, SF, CA 94103			8. FACILITY ADDRESS [ ] CONFIDENTIAL same as mailing		
9. [ ] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[x] COUNTY OPERATED		10. [x] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
<input checked="" type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> DISABLED	
<input type="checkbox"/> MEN		<input type="checkbox"/> BLACK/AFRICAN-AMERICAN		<input checked="" type="checkbox"/> GAY/LESBIAN	
<input type="checkbox"/> WOMEN ONLY		(Not Hispanic)		<input checked="" type="checkbox"/> HOMELESS	
<input type="checkbox"/> WOMEN & CHILDREN		<input type="checkbox"/> ALASKAN NATIVE		<input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS	
<input type="checkbox"/> PREGNANT WOMEN		<input type="checkbox"/> AMERICAN INDIAN		<input type="checkbox"/> RURAL/ISOLATED	
<input type="checkbox"/> YOUTH/ADOLESCENT		<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/		<input checked="" type="checkbox"/> PUBLIC INEBRIATES	
<input type="checkbox"/> ELDERLY		PACIFIC NATIVE		<input checked="" type="checkbox"/> IVDU/HIV	
<input type="checkbox"/> FAMILIES		<input type="checkbox"/> HISPANIC		<input checked="" type="checkbox"/> CRIMINAL JUSTICE	
		<input type="checkbox"/> OTHER _____			
		(Specify)			
12. DISABILITY ACCESS: [x] YES [ ] NO [ ] BY REFERRAL					
If yes or by referral indicate type:					
<input type="checkbox"/> HEARING		<input checked="" type="checkbox"/> VISUAL		<input checked="" type="checkbox"/> MENTAL [ ] DEVELOPMENTAL	
<input checked="" type="checkbox"/> MOBILITY		<input checked="" type="checkbox"/> PHYSICAL		<input type="checkbox"/> OTHER (SPECIFY) _____	
13. UNITS OF SERVICE PROVIDED: TYPE <u>Outpatient</u> NUMBER <u>11,650</u> COST PER <u>\$35.21</u>					
14. CAPACITY: STATIC <u>220</u> DYNAMIC <u>660</u> AVERAGE LENGTH OF STAY <u>90-120 days</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____					
[xx] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)					
<p>Harriet Street Center is a civil service unit providing outpatient assessment, individual and group counseling sessions as well as Antabuse evaluation/treatment for adults (18 &amp; over) who have substance abuse related problems. Our target population is low to no income, most often our referral come from the Department of Social Services, Criminal Justice system and Mental Health. Clients come with issues including but not limited to homelessness, STD/HIV related issues, public inebriates, unemployment, etc. and often self identified as "system's failures". We provide on an annual average 8,400 units of substance abuse educational &amp; on-going group counseling, 2,400 service units of intake and/or individual sessions and provide 850 medical visits. Medical visits focus upon medical history, general health status and Antabuse evaluation/treatment. Our fee schedule is based on a sliding scale with an average fee of \$1 to \$2 per visit, ability or inability to pay is not an admission factor. Almost all of our clients abuse alcohol, at least 85% combine alcohol with other drugs (crack, cocaine &amp; heroin primarily). Currently the ratio of men to women is 4:1, people of color comprise 66% and the average age is mid 30's. Hours of operation are Monday &amp; Wednesday 7am to 8pm, Tues. Thurs. &amp; Friday 7am to 4:30pm.</p> <p>Prevention Strategy Code(s) _____</p>					

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Henry Ohlhoff Outpatient Programs		3. PROVIDER CODE C 380041	
4. CONTACT PERSON'S NAME Katherine Crawford		5. PHONE NUMBER (415) 221 - 3354 ext. _____		6. SERVICE CODE 20	
7. MAILING ADDRESS 2418 Clement St., San Francisco, CA 94121		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
<input checked="" type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> GENERAL POPULATION		<input type="checkbox"/> DISABLED	
<input type="checkbox"/> MEN		<input type="checkbox"/> BLACK/AFRICAN-AMERICAN		<input checked="" type="checkbox"/> GAY/LESBIAN	
<input type="checkbox"/> WOMEN ONLY		(Not Hispanic)		<input type="checkbox"/> HOMELESS	
<input type="checkbox"/> WOMEN & CHILDREN		<input type="checkbox"/> ALASKAN NATIVE		<input type="checkbox"/> MULTIPLE DIAGNOSIS	
<input type="checkbox"/> PREGNANT WOMEN		<input type="checkbox"/> AMERICAN INDIAN		<input type="checkbox"/> RURAL/ISOLATED	
<input type="checkbox"/> YOUTH/ADOLESCENT		<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/		<input type="checkbox"/> PUBLIC INEBRIATES	
<input type="checkbox"/> ELDERLY		PACIFIC NATIVE		<input type="checkbox"/> IVDU/HIV	
<input type="checkbox"/> FAMILIES		<input type="checkbox"/> HISPANIC		<input type="checkbox"/> CRIMINAL JUSTICE	
		<input type="checkbox"/> OTHER _____			
		(Specify)			
12. DISABILITY ACCESS: [ ] YES [x] NO [ ] BY REFERRAL					
If yes or by referral indicate type:					
<input type="checkbox"/> HEARING		<input type="checkbox"/> VISUAL		<input type="checkbox"/> MENTAL	
<input type="checkbox"/> MOBILITY		<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> DEVELOPMENTAL	
		<input type="checkbox"/> OTHER (SPECIFY) _____			
UNITS OF SERVICE PROVIDED: TYPE Ind, Fam, Grp NUMBER 937 COST PER \$16.00					
14. CAPACITY: STATIC _____ DYNAMIC _____ AVERAGE LENGTH OF STAY 3-6 months					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____					
[x] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)					
Provide individual, group, and family counseling for youth who are using alcohol and/or drugs in an out-patient drug free setting.					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

DEM-7226 (5/91)

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME HOWARD STREET DETOX		3. PROVIDER CODE A380081	
4. CONTACT PERSON'S NAME Tom O'Dell		5. PHONE NUMBER (415) 864-3057 ext. _____		6. SERVICE CODE 31,	
7. MAILING ADDRESS 94103 1175 Howard St., San Francisco		8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (NCE HISPANIC) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS <input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED <input checked="" type="checkbox"/> PUBLIC INEBRIATES [ ] IVDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING [ ] VISUAL <input checked="" type="checkbox"/> MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE Per day NUMBER 6,570 bed days COST PER 51 96					
14. CAPACITY: STATIC 20 DYNAMIC _____ AVERAGE LENGTH OF STAY 2.9 days					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) To provide a hospitable and recovery-oriented environment for the individual withdrawing from the abusive use of alcohol/drugs. Participation in individual counseling, treatment planning and referral to appropriate services is encouraged by all participants. Designated community social model detox for the multiple diagnosed population. Objectives: On an annual basis 1,643 individuals will be admitted to detox. On an annual basis 986 individuals will complete program. On an annual basis 657 individuals will be referred into ongoing alcohol/drug treatment services. Prevention Strategy Code(s) _____					



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Institute for Advanced Driver Education and Training (IADET)		3. PROVIDER CODE C _____	
4. CONTACT PERSON'S NAME Raul Palazuelos			5. PHONE NUMBER 415)255 -0371 ext. _____		6. SERVICE CODE 10, 20
7. MAILING ADDRESS 5228 Diamond Hts. Blvd., SF CA 94131 2141-B Mission St., SF, CA 94110			8. FACILITY ADDRESS Same [ ] CONFIDENTIAL		
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [ ] NONPROFIT [ X ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ X ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ X ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV [ X ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ X ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ X ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE Ed. Counseling NUMBER 720 COST PER \$9.93					
14. CAPACITY: STATIC 180 DYNAMIC 720 AVERAGE LENGTH OF STAY 3 months					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  First Offender Drinking Driver Program, regulated by SB1344. Consists of 30 hours of education and individual/group counseling over 3 months with 3 individual sessions. Objectives include: 1) to provide 11520 hours of educational services, 10080 hours of group counseling and 720 hours of individual assessment to convicted drinking driver clients; 2) to obtain 720 written commitments as to how to avoid another drinking driver offense.					
Prevention Strategy Code(s) 3					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Mission Council on Alcohol Abuse for the Spanish Speaking/Latino Family Alcoholism Counseling Center		3. PROVIDER CODE C 383856	
4. CONTACT PERSON'S NAME Manuel E. Davila		5. PHONE NUMBER (415) 826-6767 ext. _____		6. SERVICE CODE 20, 10	
7. MAILING ADDRESS 820 Valencia Street San Francisco, CA 94110		8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [ ] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ x ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ x ] MULTIPLE DIAGNOSIS [ x ] RURAL/ISOLATED [ x ] PUBLIC INEBRIATES [ x ] IVDU/HIV [ x ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ x ] MOBILITY [ x ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>INDIVIDUAL</u> <u>900</u> NUMBER <u>3520</u> COST PER <u>59.53</u> <u>GROUP</u> <u>500</u> <u>26.94</u> <u>FAMILY</u> <u>500</u> <u>55.72</u>					
14. CAPACITY: STATIC <u>75/MONTH</u> DYNAMIC <u>900</u> AVERAGE LENGTH OF STAY <u>6 MOS.</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ x ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Outpatient alcohol/drug counseling, prevention and education for Latino individuals and their families. Goal is to restore healthy functioning to this population.  Alcohol/drug related Domestic Violence is also attended thru education and counseling. Counseling modalities: individual, groups families and co-dependents. Community education and consultation.					
Prevention Strategy Code(s) <u>1</u> <u>3</u>					



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Dry Zone/ Mission Council on Alcohol Abuse for the Spanish Speaking		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Manuel E. Davila		5. PHONE NUMBER (415) 826-6767 ext.		6. SERVICE CODE	
7. MAILING ADDRESS 820 Valencia Street San Francisco, CA 94110		8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> MEN <input type="checkbox"/> WOMEN ONLY <input type="checkbox"/> WOMEN & CHILDREN <input type="checkbox"/> PREGNANT WOMEN <input type="checkbox"/> YOUTH/ADOLESCENT <input type="checkbox"/> ELDERLY <input type="checkbox"/> FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic) <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (Specify) OTHER POPULATIONS <input type="checkbox"/> DISABLED <input type="checkbox"/> GAY/LESSBIAN <input type="checkbox"/> HOMELESS <input type="checkbox"/> MULTIPLE DIAGNOSIS <input type="checkbox"/> RURAL/ISOLATED <input type="checkbox"/> PUBLIC INEBRIATES <input type="checkbox"/> IVDU/HIV <input type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [x] MOBILITY [x] PHYSICAL [ ] OTHER (SPECIFY)					
13. UNITS OF SERVICE PROVIDED: TYPE NUMBER COST PER					
14. CAPACITY: STATIC DYNAMIC AVERAGE LENGTH OF STAY					
15. PROGRAM STATUS: <input checked="" type="checkbox"/> NEW PROJECTED START DATE: 7/1/91 [ ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Provide prescribed SB-38 DUI-Multiple Offender program to general population. Services include education, counseling and prevention. Goal is to help participants avoid future arrest and provide a therapeutic opportunity to address and resolve relationships with alcohol/drugs, and related problems.  Prevention Strategy Code(s)					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Mobile Assistance Patrol		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Jerry McIver		5. PHONE NUMBER (415) 431-7400 ext. _____		6. SERVICE CODE 10	
7. MAILING ADDRESS 965 Mission St. Suite #400 S.F. CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same as #7			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ <input checked="" type="checkbox"/> ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ <input checked="" type="checkbox"/> ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ <input checked="" type="checkbox"/> ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ <input checked="" type="checkbox"/> ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ <input checked="" type="checkbox"/> ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ <input checked="" type="checkbox"/> ] HEARING [ <input checked="" type="checkbox"/> ] VISUAL [ <input checked="" type="checkbox"/> ] MENTAL [ <input checked="" type="checkbox"/> ] DEVELOPMENTAL [ <input checked="" type="checkbox"/> ] MOBILITY [ <input checked="" type="checkbox"/> ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Transport</u> , NUMBER <u>17,400</u> COST PER <u>\$23.02</u>					
14. CAPACITY: STATIC <u>14</u> DYNAMIC <u>n/a</u> AVERAGE LENGTH OF STAY <u>n/a</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ <input checked="" type="checkbox"/> ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) 24 hours a day transportation of public inebriates to care facilities and transportation of homeless clients by referral to and from the City's Multi-Service Centers for the Homeless.					
Prevention Strategy Code(s) <u>1</u> <u>4</u>					



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Multicultural Training and Resource Center		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Dorthy Lebron		5. PHONE NUMBER (415) 861 - 2142 ext. _____		6. SERVICE CODE 12	
7. MAILING ADDRESS 1540 Market St., #320, SF, CA 94102		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ ] GENERAL POPULATION <input checked="" type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE <input checked="" type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE <input checked="" type="checkbox"/> HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [x] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE CELL NUMBER COST PER \$22.52					
14. CAPACITY: STATIC NA DYNAMIC NA AVERAGE LENGTH OF STAY NA					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [x] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Prevention services, including multicultural training, technical assistance, information and materials development and dissemination. These services are primarily for the contractors of CSAS, however services are also available to other agencies and groups concerned about substance abuse.  Objectives include the production of 1,000 posters, brochures and an information packet for the Save Our Sisters Project; to maintain computer database linkages for drug/alcohol prevention materials; conduct needs assessment of provider training needs, training and technical assistance (1100 hours).  Prevention Strategy Code(s) <u>1 3 4</u>					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

Youth Program

1. COUNTY NAME San Francisco		2. PROVIDER NAME National Council on Alcoholism and Other Drug Addictions - Bay Area		3. PROVIDER CODE C _____	
4. CONTACT PERSON'S NAME Jacqueline Tolliver		5. PHONE NUMBER (415) 861-4000 ext. _____		6. SERVICE CODE 10, 14	
7. MAILING ADDRESS 1049 Market St #507 San Francisco CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN <input checked="" type="checkbox"/> YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: * [ ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE _____ hours NUMBER 1,787 COST PER \$32.00					
14. CAPACITY: STATIC 67 DYNAMIC 200 AVERAGE LENGTH OF STAY 8 weeks					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) <p>The Youth Program is a prevention/early intervention program. The goals of the Youth Program are to provide information and education about alcohol/other drugs and alcoholism/other drug addictions and their effects on others to children (especially those affected by an adult's alcoholism/other drug addiction) and to their families and to increase community awareness and understanding about alcoholism/ other drug addictions, especially as they affect families.</p> <p>Objectives include providing 200 elementary school aged children with alcohol and other drug information, primarily through facilitated support groups and providing education about the effects of alcoholism/other drug addictions on families to a minnum of 100 family members.</p>					

Prevention Strategy Code(s) 1 3

DEM-7226 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.  
\*conducted in schools: accessibility depends on school site  
and program accessibility



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

Provider Narrative  
DEMONSTRATION PROGRAMS

FY 1991-92

Youth Aware

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME National Council on Alcoholism and Other Drug Addictions - Bay Area		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Jacqueline Toliver		5. PHONE NUMBER (415) 861-4000 ext.		6. SERVICE CODE 10,14	
7. MAILING ADDRESS 1049 Market St #507 San Francisco CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
<input type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> GENERAL POPULATION		<input type="checkbox"/> DISABLED	
<input type="checkbox"/> MEN		<input type="checkbox"/> BLACK/AFRICAN-AMERICAN		<input type="checkbox"/> GAY/LESBIAN	
<input type="checkbox"/> WOMEN ONLY		(Not Hispanic)		<input type="checkbox"/> HOMELESS	
<input type="checkbox"/> WOMEN & CHILDREN		<input type="checkbox"/> ALASKAN NATIVE		<input type="checkbox"/> MULTIPLE DIAGNOSIS	
<input type="checkbox"/> PREGNANT WOMEN		<input type="checkbox"/> AMERICAN INDIAN		<input type="checkbox"/> RURAL/ISOLATED	
<input checked="" type="checkbox"/> YOUTH/ADOLESCENT		<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE		<input type="checkbox"/> PUBLIC INEBRIATES	
<input type="checkbox"/> ELDERLY		<input type="checkbox"/> HISPANIC		<input type="checkbox"/> IVU/HIV	
<input type="checkbox"/> FAMILIES		<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> CRIMINAL JUSTICE	
12. DISABILITY ACCESS: [ ] YES [ ] NO [ ] BY REFERRAL					
* If yes or by referral indicate type:					
<input type="checkbox"/> HEARING		<input type="checkbox"/> VISUAL		<input checked="" type="checkbox"/> DEVELOPMENTAL *	
<input type="checkbox"/> MOBILITY		<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> OTHER (SPECIFY)	
13. UNITS OF SERVICE PROVIDED: TYPE hours NUMBER 8001 COST PER \$5.82					
14. CAPACITY: STATIC n/a DYNAMIC n/a AVERAGE LENGTH OF STAY n/a					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)					
<p>Youth Aware is a prevention/early intervention educational program presented to elementary school children by trained volunteers. Through Youth Aware the children are given information about alcohol, alcoholism, other drug addictions, and how they affect families. A major element of Youth Aware is to create a safe environment for children to learn about alcoholism/other drug addictions and to feel free to express their feelings regarding addictions. To be able to create this safe place volunteers go through a rigorous 50-hour training in which not only do they learn about alcoholism/other drug addictions and the Youth Aware curriculum itself, but they also explore their own experiences with and attitudes toward these diseases so that they are able to present an accepting nonjudgmental attitude in the classroom. Youth Aware's curriculum provides for 3 educational sessions at each grade level. The messages provided to the children through the curriculum-- that alcoholism/other drug addictions are diseases, that bodies are different and some develop addictions and others don't, that it is not the child's fault if someone he/she cares about has alcoholism or another drug addiction, and that help is available-- are particularly important.</p> <p>Prevention Strategy Code(s) 3</p>					

NOTE: Complete one DEM-7226 for each Service Code.

DEM-7226 (5/91)

\*conducted in schools: accessibility depends on school and program accessibility

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

Information Center

1. COUNTY NAME San Francisco		2. PROVIDER NAME National Council on Alcoholism and Other Drug Addictions - Bay Area		3. PROVIDER CODE C _____	
4. CONTACT PERSON'S NAME Jacqueline Toliver		5. PHONE NUMBER (415) 861-4000 ext. _____		6. SERVICE CODE 10, 14	
7. MAILING ADDRESS 1049 Market St #507 San Francisco CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL <input checked="" type="checkbox"/> MENTAL <input checked="" type="checkbox"/> DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY <input checked="" type="checkbox"/> PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Calls, visits, consultations</u> NUMBER <u>6,204</u> COST PER <u>\$27.27</u>					
14. CAPACITY: STATIC <u>n/a</u> DYNAMIC <u>n/a</u> AVERAGE LENGTH OF STAY <u>n/a</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) <p>The Information Center provides information, assessment, and referral services related to alcoholism and other drug addictions. At the heart of the Information Center's services is the pretreatment consultation, a private, confidential, in-office consultation provided to persons concerned about their own or someone else's alcohol and/or other drug use, as well as to individuals concerned as the adult children of alcoholics/addicts. The Information Center also provides a 24-hour HELPLINE, training for professionals, consultation to and interviews with media representatives, information for the general public (by phone, presentations, literature, a library of materials, etc.), and assistance to professionals concerned about specific clients.</p> <p>Information Center services are aimed at raising public awareness, reducing stigma and denial, encouraging earlier intervention, and motivating individuals and families to take steps toward recovery.</p> <p>Prevention Strategy Code(s) <u>3</u></p>					

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

DUI PROGRAM

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME National Council on Alcoholism and Other Drug Addictions - Bay Area		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Jacqueline Toliver		5. PHONE NUMBER (415) 861-4000 ext.		6. SERVICE CODE	
7. MAILING ADDRESS 1049 Market St 507, San Francisco CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [ ] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV <input checked="" type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [X] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [X] HEARING [n/a] VISUAL [X] MENTAL [X] DEVELOPMENTAL [XX] MOBILITY [X] PHYSICAL [ ] OTHER (SPECIFY)					
13. UNITS OF SERVICE PROVIDED: TYPE Person-hours NUMBER 20,010 COST PER \$11.28					
14. CAPACITY: STATIC 175 DYNAMIC 758 AVERAGE LENGTH OF STAY 14wks +					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) The Driving Under the Influence Program is a 14-week program of individual interviews, education, and group counseling for persons convicted of first offense driving under the influence. It is designed to meet the state requirements for licensing of such programs. Program philosophy is that 1. alcoholism and other drug addictions are progressive and treatable diseases, and earlier intervention can save lives and reduce associated problems; 2. the DUI arrest experience represents a crisis point which offers an opportunity for effective intervention; and 3. many persons convicted of DUI operate on assumptions that aren't true and without information that they need concerning alcohol and other drugs and their effects on behavior and the driving task.					
Prevention Strategy Code(s) 1 3					

DEM 26 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME North of Market Senior Services		3. PROVIDER CODE C380070	
4. CONTACT PERSON'S NAME Vera Maile/Chris Tennyson			5. PHONE NUMBER 415 885-2274 ext. _____		6. SERVICE CODE 20
7. MAILING ADDRESS 333 Turk Street San Francisco, CA 94102			8. FACILITY ADDRESS [ ] CONFIDENTIAL 333 Turk Street San Francisco, CA 94102		
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT			[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT <input checked="" type="checkbox"/> ELDERLY <input checked="" type="checkbox"/> FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION <input checked="" type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS <input checked="" type="checkbox"/> DISABLED <input checked="" type="checkbox"/> GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS <input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY <input checked="" type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Non-res home visits</u> <u>Counseling</u> NUMBER <u>3120</u> COST PER <u>15.16</u>					
14. CAPACITY: STATIC <u>120</u> DYNAMIC <u>130</u> AVERAGE LENGTH OF STAY <u>18 mos.</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) 1. Goal is to provide for increased sobriety and life enhancement among senior alcoholics. The objective is to provide 3,120 units of services to 120 seniors. The anticipated outcome is that the home visits and counseling will result in 70% of the seniors abstaining from alcohol for 30 days prior to discharge. CEII 2. Pre-treatment intervention with 75 seniors (520 units) to provide increased awareness among seniors of ways to attain sobriety, so that 55% will participate in on-going treatment. EII 3. Maintain a senior sobriety center which will function as a social center for leisure time activities for recovering alcoholics which will provide 9,000 drop-in units to 200 seniors. 4. Reach out to isolated older women alcoholics in the North and South of Market area and provide 3,192 units of outreach and recreation services to 75 women which will involve 60% in on going treatment, and 70% of those who participate six months will be sober. This program was funded with Women's Set Aside Funds. Prevention Strategy Code(s) _____					



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME North of Market Senior Services		3. PROVIDER CODE C 380070	
4. CONTACT PERSON'S NAME Vera Haile/Chris Tennyson		5. PHONE NUMBER (415) 885-2274 ext. _____		6. SERVICE CODE 20	
7. MAILING ADDRESS 333 Turk Street San Francisco, CA 94102		8. FACILITY ADDRESS [ ] CONFIDENTIAL 333 Turk Street San Francisco, CA 94102			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ X ] ELDERLY [ ] FAMILIES ETHNICITY [ X ] GENERAL POPULATION [ X ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ X ] DISABLED [ X ] GAY/LESSBIAN [ X ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ X ] VISUAL [ X ] MENTAL [ ] DEVELOPMENTAL [ X ] MOBILITY [ X ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE C III-Drop-In NUMBER 9,000. COST PER \$10.01 CELL-Pretreatment 520. \$15.16					
14. CAPACITY: STATIC 200 DYNAMIC 350 AVERAGE LENGTH OF STAY 12-15 mos.					
15. PROGRAM STATUS: <input type="checkbox"/> NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) 2. Pretreatment intervention with 75 seniors to provide 520 units of service which will increase awareness among seniors of ways to attain sobriety, so that 55% will participate in on-going treatment. 3. Maintain a senior sobriety center at 291 Eddy Street which will function as a social center for leisure time activities for recovering alcoholics which will provide regular socialization (9,000 hrs.) for 200 seniors.					
Prevention Strategy Code(s) _____					

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME North of Market Senior Services		3. PROVIDER CODE C 380070	
4. CONTACT PERSON'S NAME Vera Haile/Chris Tennyson		5. PHONE NUMBER 415-885-2274 ext. _____		6. SERVICE CODE 20	
7. MAILING ADDRESS 333 Turk Street San Francisco, CA 94102		8. FACILITY ADDRESS [ ] CONFIDENTIAL 333 Turk Street San Francisco, CA 94102			
9. [ X ] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [ X ] NONPROFIT [ ] FOR PROFIT	
<b>9. TARGET GROUP(S):</b>					
<b>PRIMARY</b>		<b>ETHNICITY</b>		<b>OTHER POPULATIONS</b>	
[ ] GENERAL POPULATION		[ X ] GENERAL POPULATION		[ X ] DISABLED	
[ ] MEN		[ ] BLACK/AFRICAN-AMERICAN (Not Hispanic)		[ ] GAY/LESBIAN	
[ X ] WOMEN ONLY		[ ] ALASKAN NATIVE		[ ] HOMELESS	
[ ] WOMEN & CHILDREN		[ ] AMERICAN INDIAN		[ ] MULTIPLE DIAGNOSIS	
[ ] PREGNANT WOMEN		[ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE		[ ] RURAL/ISOLATED	
[ ] YOUTH/ADOLESCENT		[ ] HISPANIC		[ ] PUBLIC INEBRIATES	
[ X ] ELDERLY		[ ] OTHER _____		[ ] IVU/HIV	
[ X ] FAMILIES		(Specify)		[ ] CRIMINAL JUSTICE	
<b>11. DISABILITY ACCESS:</b> [ X ] YES [ ] NO [ ] BY REFERRAL					
If yes or by referral indicate type:					
[ ] HEARING		[ ] VISUAL		[ ] DEVELOPMENTAL	
[ X ] MOBILITY		[ X ] PHYSICAL		[ X ] OTHER (SPECIFY) _____	
<b>12. UNITS OF SERVICE PROVIDED:</b> TYPE <u>Womens</u> NUMBER <u>3,192</u> COST PER <u>\$13.38</u>					
<b>13. CAPACITY:</b> STATIC <u>75</u> DYNAMIC <u>89</u> AVERAGE LENGTH OF STAY <u>1 yr.</u>					
<b>14. PROGRAM STATUS:</b> [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
<b>15. PROGRAM DESCRIPTION:</b> (Describe activities, goals and objectives, prevention strategies, any special services provided)					
4. Reach out to isolated older women alcoholics in the North and South of Market area and provide 3,192 units of outreach and recreation services to 75 women, which will involve 60% in ongoing treatment, and 70% of those who will participate for six months will be sober, This program was funded with Women's Set Aside Funds.					

Prevention Strategy Code(s) \_\_\_\_\_

Appendix I page 37



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Ozanam Reception Center		3. PROVIDER CODE A380081	
4. CONTACT PERSON'S NAME Tom O'Dell		5. PHONE NUMBER (415) 864 - 3057 ext. _____		6. SERVICE CODE 31, 10	
7. MAILING ADDRESS 1175 Howard Street San Francisco, CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
1. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES					
ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (NOT HISPANIC) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify)					
OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVU/HIV [ ] CRIMINAL JUSTICE					
2. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING [ ] VISUAL <input checked="" type="checkbox"/> MENTAL [ ] DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
3. UNITS OF SERVICE PROVIDED: TYPE <u>Multiple units</u> <u>per admission</u> NUMBER <u>53,663</u> COST PER <u>8.26</u>					
4. CAPACITY: STATIC <u>40</u> DYNAMIC _____ AVERAGE LENGTH OF STAY <u>24 hrs.</u>					
5. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: <u>7/1/88</u> <input checked="" type="checkbox"/> EXISTING [ ] EXPANSION OF SERVICES					
6. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) The reception Center has taken on a multi-focused approach for service delivery to the homeless and low-income residents of San Francisco. For the individual under the influence the Center provides the opportunity for referral and placement into detox and the availability of ongoing substance abuse treatment services. Individuals who may not want longer-term services are afforded the opportunity to stabilize their condition. All participants admitted are provided a medical assessment, individual counseling and intervention if necessary, with additional treatment planning and placement for individuals choosing ongoing services. The Drop-in component provides a recovery-oriented environment with staffing for providing information and referral, individual counseling and intervention. Activities include daily 12-step meetings, peer-oriented groups and HIV/AIDS education sessions with a measure of recreational and social activities.					
(Over)					
Prevention Strategy Code(s) <u>1 3 4</u>					

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME ARLINGTON RESIDENCE		3. PROVIDER CODE A380080	
4. CONTACT PERSON'S NAME Mike Quayle		5. PHONE NUMBER (415) 673 - 9604 ext. _____		6. SERVICE CODE 35	
7. MAILING ADDRESS 480 Ellis Street San Francisco, CA 94102		8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (NOT HISPANIC) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Contract</u> NUMBER <u>31,575</u> COST PER <u>3.01</u>					
14. CAPACITY: STATIC <u>171</u> DYNAMIC _____ AVERAGE LENGTH OF STAY <u>12 months</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) To provide a low-income, alcohol/drug-free residential alternative for individuals completing alcohol/dry treatment programs. A broad range of supportive services, group support meetings. Counseling and referral available to all residents on a voluntary basis.					
Prevention Strategy Code(s) _____					



Original  
Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Redwood Center		3. PROVIDER CODE C 380021	
4. CONTACT PERSON'S NAME Donna M. Bennett		5. PHONE NUMBER (415) 366-5723 ext. _____		6. SERVICE CODE 30	
7. MAILING ADDRESS 100 Edmonds Road Redwood City, Ca. 94062		8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION <input checked="" type="checkbox"/> MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED <input checked="" type="checkbox"/> PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY <input checked="" type="checkbox"/> PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Alcohol</u> NUMBER <u>8030</u> COST PER <u>\$51.24</u>					
14. CAPACITY: STATIC <u>22</u> DYNAMIC <u>198</u> AVERAGE LENGTH OF STAY <u>30 Days</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ <input checked="" type="checkbox"/> ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Redwood Center is a six week social model residential treatment for male substance abusers which offers an out-patient component for the family. Treatment components include: <ul style="list-style-type: none"><li>- individual counseling</li><li>- educational lectures, films, and guest speakers</li><li>- orientation to the twelve step program</li><li>- journal writing</li><li>- acupuncture</li><li>- re-entry planning</li><li>- relapse prevention planning</li><li>- aftercare program</li><li>- amino acid treatment</li><li>- art therapy</li><li>- family program</li><li>- children's program</li><li>- referral &amp; placement</li><li>- access for visual and hearing impaired</li></ul>					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME St. Vincent de Paul Society		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Tom O'Dell		5. PHONE NUMBER (415) 864-3057 ext. _____		6. SERVICE CODE	
7. MAILING ADDRESS 1175 Howard Street San Francisco, CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL			
9. [ ] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [ ] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [X] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (NOT HISPANIC) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/INIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [X] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [X] HEARING [ ] VISUAL [X] MENTAL [ ] DEVELOPMENTAL [X] MOBILITY [X] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Contact</u> NUMBER <u>15,600</u> COST PER <u>6.77</u>					
14. CAPACITY: STATIC _____ DYNAMIC _____ AVERAGE LENGTH OF STAY _____					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) To provide substance abuse presence in the homeless Multi-Service Centers to provide identification, assessment, intervention and referral service to the homeless substance abuser. To develop and implement support services for the substance abuser as well as to provide training to the respective Multi-Service Center staffs. Objectives: On an annual basis 1,950 individuals will be referred into substance abuse treatment service.					
Prevention Strategy Code(s) _____					



☐ Original  
☒ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Salvation Army Women's Program		3. PROVIDER CODE A380100	
4. CONTACT PERSON'S NAME Capt Lawrence Shiroma		5. PHONE NUMBER 415-864-700 ( ) - ext.		6. SERVICE CODE 30	
7. MAILING ADDRESS 1275 Harrison St, SF CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL same			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER <input type="checkbox"/> OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN <input checked="" type="checkbox"/> WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL [ ] MENTAL [ ] DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY <input checked="" type="checkbox"/> PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE Residential NUMBER 4646 COST PER 25.36					
14. CAPACITY: STATIC 14 DYNAMIC 41 AVERAGE LENGTH OF STAY 113 days					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ <input checked="" type="checkbox"/> EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) "traditional" social model alcohol recovery home for women--located on same grounds with mens recovery home. Group and individual counseling and support: alcohol education, 12 step, vocational, social, spiritual, family, women's issues addressed as program content, preparing women to complete a reentry plan into interdependent living in the community. No targeted funding. Program assists with General assistance at entry, and facilitate the transition to employment.					
17. Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Salvation Army DETOX		3. PROVIDER CODE A380101	
4. CONTACT PERSON'S NAME Capt Lawrence Shiroma		5. PHONE NUMBER (415) 415-864-700 ext.		6. SERVICE CODE 30, 31	
7. MAILING ADDRESS suite D 1255 Harrison St, S.F., CA 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL 1275 Harrison St			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER <input type="checkbox"/> OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS <input checked="" type="checkbox"/> DISABLED [ ] GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED <input checked="" type="checkbox"/> PUBLIC INEBRIATES [ ] IVOU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL <input checked="" type="checkbox"/> MENTAL <input checked="" type="checkbox"/> DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY <input checked="" type="checkbox"/> PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>res. detox</u> NUMBER <u>8004</u> COST PER <u>52.98</u>					
14. CAPACITY: STATIC <u>24</u> DYNAMIC <u>2000</u> AVERAGE LENGTH OF STAY <u>4 days</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ <input checked="" type="checkbox"/> EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Social model detox, coed, adult, ambulatory--completely accessible. Individual counseling, information, referral and assistance with ID and transportation to ongoing Tx program. Group meetings and educational material; 12 step meetings. Goals: 60% of intakes complete 4 days of detoxification: Goal: 40% of intakes accept qualified referral to ongoing treatment or recovery program.					
Prevention Strategy Code(s) _____					

DEM-7226 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Salvation Army--H.a.r.p.		3. PROVIDER CODE A380101	
4. CONTACT PERSON'S NAME Capt Lawrence Shiroma		5. PHONE NUMBER (415) 864-7000 ext.		6. SERVICE CODE 30, 31	
7. MAILING ADDRESS 1275 harrison st S.F. CA		8. FACILITY ADDRESS 1255 Harrison St, [ ] CONFIDENTIAL			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [xx] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [xx] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [xx] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL [ ] MENTAL [ ] DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY <input checked="" type="checkbox"/> PHYSICAL [ ] OTHER (SPECIFY)					
13. UNITS OF SERVICE PROVIDED: TYPE <u>residential</u> NUMBER <u>6750</u> COST PER <u>32,45</u>					
14. CAPACITY: STATIC <u>20</u> DYNAMIC <u>228</u> AVERAGE LENGTH OF STAY <u>28</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [xx] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) 28 day, co-ed, adult, social model, residential recovery program: alcoholism and drug addiction. No targeted funds. Disease and recovery education, 12 step, recreational, support, relapse prevention, family and communication groups, Individual help. Complete recovery and exit plans. Referral to ongoing programs and/or sober housing.					
17. Prevention Strategy Code(s) _____					

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Salvation Army Bridgeway Project		3. PROVIDER CODE A380110	
4. CONTACT PERSON'S NAME William O'Malley		5. PHONE NUMBER 415 771-7640 ext. _____		6. SERVICE CODE 30	
7. MAILING ADDRESS 242 Turk Street S.F. Ca. 94102		8. FACILITY ADDRESS [ ] CONFIDENTIAL 242 Turk Street S.F. Ca. 94102			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ x ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ x ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IVDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ x ] YES [ ] NO [ x ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE Residential NUMBER 16425 COST PER \$13.34					
14. CAPACITY: STATIC 50 DYNAMIC 100 AVERAGE LENGTH OF STAY 1 year					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ x ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Alcohol & drug free- living environment. Individual rooms for men, woman, & families. Community kitchen, social area for project members. 24 hour counseling available upon request. In house A.A. meetings and Alcohol educational films are encouraged. House meetings, recreational outings, and Sunday chapel services are available. Hours: 24 hours Intake: Referrals only by appointment Eligibility: 18 yrs.& up, men & women. Prog. graduates-90 dys sober Insurance Yes Language English					
Prevention Strategy Code(s) _____					

DEM-7226 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

1. COUNTY NAME San Francisco		2. PROVIDER NAME SF Pretrial Diversion Substance Abuse Referral Unit		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME William S. Leong		5. PHONE NUMBER 415) 626-4995 ext.		6. SERVICE CODE 10	
7. MAILING ADDRESS 885 Bryant Street, 2nd Floor, SF 94103		8. FACILITY ADDRESS [ ] CONFIDENTIAL 885 Bryant Street, 2nd Floor, SF, CA 94103			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
<input checked="" type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> GENERAL POPULATION		<input type="checkbox"/> DISABLED	
<input type="checkbox"/> MEN		<input type="checkbox"/> BLACK/AFRICAN-AMERICAN		<input type="checkbox"/> GAY/LESBIAN	
<input type="checkbox"/> WOMEN ONLY		<input type="checkbox"/> (Not Hispanic)		<input type="checkbox"/> HOMELESS	
<input type="checkbox"/> WOMEN & CHILDREN		<input type="checkbox"/> ALASKAN NATIVE		<input type="checkbox"/> MULTIPLE DIAGNOSIS	
<input type="checkbox"/> PREGNANT WOMEN		<input type="checkbox"/> AMERICAN INDIAN		<input type="checkbox"/> RURAL/ISOLATED	
<input type="checkbox"/> YOUTH/ADOLESCENT		<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/		<input type="checkbox"/> PUBLIC INEBRIATES	
<input type="checkbox"/> ELDERLY		<input type="checkbox"/> PACIFIC NATIVE		<input type="checkbox"/> IVDU/HIV	
<input type="checkbox"/> FAMILIES		<input type="checkbox"/> HISPANIC		<input checked="" type="checkbox"/> CRIMINAL JUSTICE	
		<input type="checkbox"/> OTHER _____ (Specify)			
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL					
If yes or by referral indicate type:					
<input checked="" type="checkbox"/> HEARING		<input checked="" type="checkbox"/> VISUAL		<input checked="" type="checkbox"/> MENTAL	
<input checked="" type="checkbox"/> MOBILITY		<input checked="" type="checkbox"/> PHYSICAL		<input type="checkbox"/> OTHER (SPECIFY) _____	
13. UNITS OF SERVICE PROVIDED: TYPE <u>Diversion/Court</u> NUMBER <u>3,000</u> COST PER <u>\$21.78</u>					
14. CAPACITY: STATIC <u>N/A</u> DYNAMIC _____ AVERAGE LENGTH OF STAY _____					
15. PROGRAM STATUS: <input checked="" type="checkbox"/> NEW PROJECTED START DATE: _____					
<input checked="" type="checkbox"/> EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)					
<p>The goal of the Substance Abuse Referral Unit(SARU) is to place selected defendants with alcohol and other substance abuse problems into treatment programs as a sentencing/disposition alternative to deter future contact with the criminal justice system.</p> <p>Referrals to SARU are made from the Superior and Municipal Courts, Adult Probation Department, Sheriff's Department, Public Defender, District Attorney, County Parole, Pretrial Diversion, Prisoner Services, and other criminal justice agencies.</p>					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME San Francisco Suicide Prevention		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Eve. R. Meyer		5. PHONE NUMBER 415 752 4866 ( ) - ext.		6. SERVICE CODE 10	
7. MAILING ADDRESS 3940 Geary Boulevard		8. FACILITY ADDRESS [ ] CONFIDENTIAL SAME			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> MEN <input type="checkbox"/> WOMEN ONLY <input type="checkbox"/> WOMEN & CHILDREN <input type="checkbox"/> PREGNANT WOMEN <input type="checkbox"/> YOUTH/ADOLESCENT <input type="checkbox"/> ELDERLY <input type="checkbox"/> FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic) <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (Specify) OTHER POPULATIONS <input type="checkbox"/> DISABLED <input checked="" type="checkbox"/> GAY/LESBIAN <input type="checkbox"/> HOMELESS <input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS <input type="checkbox"/> RURAL/ISOLATED <input type="checkbox"/> PUBLIC INEBRIATES <input checked="" type="checkbox"/> IVDU/HIV <input type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING <input checked="" type="checkbox"/> VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY)					
13. UNITS OF SERVICE PROVIDED: TYPE Staff hours NUMBER 5,295 COST PER \$16.91					
14. CAPACITY: STATIC DYNAMIC AVERAGE LENGTH OF STAY					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  The Drug Line/Relapse Line programs provide 24-hour, 7-day telephone counseling regarding drug/alcohol and relapse prevention issues, including referrals to treatment programs and 12-step meetings and emotional support for individuals and their families/friends. Other agency programs-Crisis Line, Youth Line, AIDS/HIV Nightline-are also available to callers.					
Prevention Strategy Code(s) 3					



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME SFGH Substance Abuse Services		3. PROVIDER CODE C383813	
4. CONTACT PERSON'S NAME Thomas Mosmiller		5. PHONE NUMBER 415, 821-8616 ext. _____		6. SERVICE CODE 22	
7. MAILING ADDRESS 1001 Potrero Ave. Bldg 90 Ward 92 San Francisco, CA 94110		8. FACILITY ADDRESS [ ] CONFIDENTIAL same			
9. [ ] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ X ] COUNTY OPERATED		10. [ X ] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ X ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ X ] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ X ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ X ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ X ] HEARING [ X ] VISUAL [ X ] MENTAL [ ] DEVELOPMENTAL [ X ] MOBILITY [ X ] PHYSICAL [ X ] OTHER (SPECIFY) Medical (HIV+)					
13. UNITS OF SERVICE PROVIDED: TYPE visits NUMBER 25,000 COST PER N/A					
14. CAPACITY: STATIC 75 DYNAMIC 840 AVERAGE LENGTH OF STAY 21 days					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  The Outpatient Detoxification Clinic provides a 21 day gradual withdrawal from heroin and other opiates. A patient enrolling in this program develops a treatment plan with the assistance of an intake worker and receives support services. Most of the patients are admitted from SFGH medical wards.  Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME SFGH Substance Abuse Services		3. PROVIDER CODE C_383813																																																																			
4. CONTACT PERSON'S NAME Thomas Mosmiller			5. PHONE NUMBER 415) 821- 8616 ext. _____		6. SERVICE CODE 22																																																																		
7. MAILING ADDRESS 1001 Potrero Ave. Bldg 90 Ward 93 San Francisco, CA 94110			8. FACILITY ADDRESS [ ] CONFIDENTIAL same																																																																				
9. [ ] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ X ] COUNTY OPERATED		10. [ X ] NONPROFIT [ ] FOR PROFIT																																																																			
11. TARGET GROUP(S): <table border="0"><tr><td colspan="2"><b>PRIMARY</b></td><td colspan="2"><b>ETHNICITY</b></td><td colspan="2"><b>OTHER POPULATIONS</b></td></tr><tr><td><input checked="" type="checkbox"/> GENERAL POPULATION</td><td><input checked="" type="checkbox"/> GENERAL POPULATION</td><td><input checked="" type="checkbox"/> GENERAL POPULATION</td><td><input type="checkbox"/> DISABLED</td><td><input type="checkbox"/> DISABLED</td><td></td></tr><tr><td><input type="checkbox"/> MEN</td><td><input type="checkbox"/> BLACK/AFRICAN-AMERICAN</td><td><input type="checkbox"/> BLACK/AFRICAN-AMERICAN</td><td><input type="checkbox"/> GAY/LESBIAN</td><td><input type="checkbox"/> GAY/LESBIAN</td><td></td></tr><tr><td><input type="checkbox"/> WOMEN ONLY</td><td>(Not Hispanic)</td><td>(Not Hispanic)</td><td><input type="checkbox"/> HOMELESS</td><td><input type="checkbox"/> HOMELESS</td><td></td></tr><tr><td><input type="checkbox"/> WOMEN &amp; CHILDREN</td><td><input type="checkbox"/> ALASKAN NATIVE</td><td><input type="checkbox"/> ALASKAN NATIVE</td><td><input type="checkbox"/> MULTIPLE DIAGNOSIS</td><td><input type="checkbox"/> MULTIPLE DIAGNOSIS</td><td></td></tr><tr><td><input type="checkbox"/> PREGNANT WOMEN</td><td><input type="checkbox"/> AMERICAN INDIAN</td><td><input type="checkbox"/> AMERICAN INDIAN</td><td><input type="checkbox"/> RURAL/ISOLATED</td><td><input type="checkbox"/> RURAL/ISOLATED</td><td></td></tr><tr><td><input type="checkbox"/> YOUTH/ADOLESCENT</td><td><input type="checkbox"/> ASIAN/ASIAN-AMERICAN/</td><td><input type="checkbox"/> ASIAN/ASIAN-AMERICAN/</td><td><input type="checkbox"/> PUBLIC INEBRIATES</td><td><input type="checkbox"/> PUBLIC INEBRIATES</td><td></td></tr><tr><td><input type="checkbox"/> ELDERLY</td><td>PACIFIC NATIVE</td><td>PACIFIC NATIVE</td><td><input checked="" type="checkbox"/> IVDU/HIV</td><td><input checked="" type="checkbox"/> IVDU/HIV</td><td></td></tr><tr><td><input type="checkbox"/> FAMILIES</td><td><input type="checkbox"/> HISPANIC</td><td><input type="checkbox"/> HISPANIC</td><td><input type="checkbox"/> CRIMINAL JUSTICE</td><td><input type="checkbox"/> CRIMINAL JUSTICE</td><td></td></tr><tr><td></td><td><input type="checkbox"/> OTHER _____</td><td><input type="checkbox"/> OTHER _____</td><td></td><td></td><td></td></tr><tr><td></td><td colspan="2">(Specify)</td><td></td><td></td><td></td></tr></table>						<b>PRIMARY</b>		<b>ETHNICITY</b>		<b>OTHER POPULATIONS</b>		<input checked="" type="checkbox"/> GENERAL POPULATION	<input checked="" type="checkbox"/> GENERAL POPULATION	<input checked="" type="checkbox"/> GENERAL POPULATION	<input type="checkbox"/> DISABLED	<input type="checkbox"/> DISABLED		<input type="checkbox"/> MEN	<input type="checkbox"/> BLACK/AFRICAN-AMERICAN	<input type="checkbox"/> BLACK/AFRICAN-AMERICAN	<input type="checkbox"/> GAY/LESBIAN	<input type="checkbox"/> GAY/LESBIAN		<input type="checkbox"/> WOMEN ONLY	(Not Hispanic)	(Not Hispanic)	<input type="checkbox"/> HOMELESS	<input type="checkbox"/> HOMELESS		<input type="checkbox"/> WOMEN & CHILDREN	<input type="checkbox"/> ALASKAN NATIVE	<input type="checkbox"/> ALASKAN NATIVE	<input type="checkbox"/> MULTIPLE DIAGNOSIS	<input type="checkbox"/> MULTIPLE DIAGNOSIS		<input type="checkbox"/> PREGNANT WOMEN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> RURAL/ISOLATED	<input type="checkbox"/> RURAL/ISOLATED		<input type="checkbox"/> YOUTH/ADOLESCENT	<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/	<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/	<input type="checkbox"/> PUBLIC INEBRIATES	<input type="checkbox"/> PUBLIC INEBRIATES		<input type="checkbox"/> ELDERLY	PACIFIC NATIVE	PACIFIC NATIVE	<input checked="" type="checkbox"/> IVDU/HIV	<input checked="" type="checkbox"/> IVDU/HIV		<input type="checkbox"/> FAMILIES	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> CRIMINAL JUSTICE	<input type="checkbox"/> CRIMINAL JUSTICE			<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____					(Specify)				
<b>PRIMARY</b>		<b>ETHNICITY</b>		<b>OTHER POPULATIONS</b>																																																																			
<input checked="" type="checkbox"/> GENERAL POPULATION	<input checked="" type="checkbox"/> GENERAL POPULATION	<input checked="" type="checkbox"/> GENERAL POPULATION	<input type="checkbox"/> DISABLED	<input type="checkbox"/> DISABLED																																																																			
<input type="checkbox"/> MEN	<input type="checkbox"/> BLACK/AFRICAN-AMERICAN	<input type="checkbox"/> BLACK/AFRICAN-AMERICAN	<input type="checkbox"/> GAY/LESBIAN	<input type="checkbox"/> GAY/LESBIAN																																																																			
<input type="checkbox"/> WOMEN ONLY	(Not Hispanic)	(Not Hispanic)	<input type="checkbox"/> HOMELESS	<input type="checkbox"/> HOMELESS																																																																			
<input type="checkbox"/> WOMEN & CHILDREN	<input type="checkbox"/> ALASKAN NATIVE	<input type="checkbox"/> ALASKAN NATIVE	<input type="checkbox"/> MULTIPLE DIAGNOSIS	<input type="checkbox"/> MULTIPLE DIAGNOSIS																																																																			
<input type="checkbox"/> PREGNANT WOMEN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> RURAL/ISOLATED	<input type="checkbox"/> RURAL/ISOLATED																																																																			
<input type="checkbox"/> YOUTH/ADOLESCENT	<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/	<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/	<input type="checkbox"/> PUBLIC INEBRIATES	<input type="checkbox"/> PUBLIC INEBRIATES																																																																			
<input type="checkbox"/> ELDERLY	PACIFIC NATIVE	PACIFIC NATIVE	<input checked="" type="checkbox"/> IVDU/HIV	<input checked="" type="checkbox"/> IVDU/HIV																																																																			
<input type="checkbox"/> FAMILIES	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> CRIMINAL JUSTICE	<input type="checkbox"/> CRIMINAL JUSTICE																																																																			
	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____																																																																					
	(Specify)																																																																						
12. DISABILITY ACCESS: [ X ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ X ] HEARING [ X ] VISUAL [ X ] MENTAL [ ] DEVELOPMENTAL [ X ] MOBILITY [ X ] PHYSICAL [ X ] OTHER (SPECIFY) Medical (HIV+)																																																																							
13. UNITS OF SERVICE PROVIDED: TYPE visits NUMBER 70,000 COST PER N/A																																																																							
14. CAPACITY: STATIC 200 DYNAMIC 254 AVERAGE LENGTH OF STAY N/A																																																																							
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES																																																																							
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Methadone maintenance is provided for people with a long-term opiate addiction, with a special focus on treating HIV infection. This program integrates methadone with counseling and medical care. The patients receive services daily, including weekends. The target population is medically and psychiatrically compromised opiate addicts.																																																																							
Prevention Strategy Code(s) _____																																																																							

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME SMITH HOUSE		3. PROVIDER CODE C383879	
4. CONTACT PERSON'S NAME CLAUDIA MUSCHIETTY		5. PHONE NUMBER (415) 387 - 9820 ext. _____		6. SERVICE CODE 31	
7. MAILING ADDRESS 764 Stanyan St.		8. FACILITY ADDRESS [ ] CONFIDENTIAL 765 Stanyan St.			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN <input checked="" type="checkbox"/> WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED <input checked="" type="checkbox"/> PUBLIC INEBRIATES [ ] IVU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL [ ] MENTAL <input checked="" type="checkbox"/> DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY-Limited <input checked="" type="checkbox"/> PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Detox-Res</u> NUMBER <u>10</u> COST PER <u>\$0.55</u>					
14. CAPACITY: STATIC <u>10</u> DYNAMIC <u>821</u> AVERAGE LENGTH OF STAY <u>4</u> Days					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [XX] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) To provide a caring, supportive and non-medical setting for adult women to assist them during the withdrawal period from alcohol & drugs (back up for medical emergency situations at San Francisco General Hospital. Women's Need center also provides gynecological exams and HIV testing for Smith House clients. To provide peer support by recovering women to women who want to recover by formulating an on-going recovery program. To provide referral for women with strong support system who want/need additional services to maintain and grow in their sobriety, as well as to address their physical and emotional needs. Upon discharge they will have a referral to ongoing treatment programs in hand including programs within the Haight Ashbury Free Clinics, Inc. All clients will have attended a minimum of 2 12 Step meetings, either AA or NA  Prevention Strategy Code(s) _____					

DEM-7226 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
 Provider Narrative  
 DEMONSTRATION PROGRAMS  
 FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME State of California, Department of Rehabilitation		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Ms. Diane Wagner		5. PHONE NUMBER (415) 557-3274 ext.		6. SERVICE CODE 20	
7. MAILING ADDRESS 30 Van Ness Avenue, Suite 3200 San Francisco, CA 94102-6027		8. FACILITY ADDRESS same as mailing address. <input type="checkbox"/> CONFIDENTIAL 30 Van Ness Ave., Suite 3200, S.F., CA 94102			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER <input type="checkbox"/> OUT OF COUNTY CONTRACT		<input type="checkbox"/> COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT <input type="checkbox"/> FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> MEN <input type="checkbox"/> WOMEN ONLY <input type="checkbox"/> WOMEN & CHILDREN <input type="checkbox"/> PREGNANT WOMEN <input type="checkbox"/> YOUTH/ADOLESCENT <input type="checkbox"/> ELDERLY <input type="checkbox"/> FAMILIES		ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic) <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER _____ (Specify)		OTHER POPULATIONS <input checked="" type="checkbox"/> DISABLED <input type="checkbox"/> GAY/LESBIAN <input type="checkbox"/> HOMELESS <input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS <input type="checkbox"/> RURAL/ISOLATED <input type="checkbox"/> PUBLIC INEBRIATES <input checked="" type="checkbox"/> IVU/HIV <input checked="" type="checkbox"/> CRIMINAL JUSTICE	
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BY REFERRAL					
If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL <input checked="" type="checkbox"/> MENTAL <input checked="" type="checkbox"/> DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>REHABILITATION</u> NUMBER _____ COST PER _____					
14. CAPACITY: STATIC _____ DYNAMIC <input checked="" type="checkbox"/> AVERAGE LENGTH OF STAY _____					
15. PROGRAM STATUS: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> EXISTING PROJECTED START DATE: _____ <input type="checkbox"/> EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)					
<p>The Department of Rehabilitation is a state agency providing services to individuals who have a disability that is a vocational handicap and for whom there is a reasonable expectation they may (return) (be able) to work. We provide medical and vocational diagnosis along with a variety of other services individually designed to assist each client to obtain entry level employment. Some, but not necessarily all of the following services are utilized in this process: placement in a job, Job Seeking Skills training, testing, transportation funds, job training, books and training supplies, and other goods and services needed to get a job. Special disability needs dictate the provision of other services.</p> <p>Contract funds from CSAS allow two (2) FTE Rehabilitation Counselor positions.</p>					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Tom Smith Substance Abuse Treatment Center		3. PROVIDER CODE C383876	
4. CONTACT PERSON'S NAME <i>Patricia Devlin</i> Patricia Devlin, Director		5. PHONE NUMBER 415 ) 821 - 8091 ext.		6. SERVICE CODE 30	
7. MAILING ADDRESS T.S.S.A.T.C., Bldg 20, Ward 23, SFGH, 1001 Potrero Ave., S.F. CA 94110		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same as Mailing Address			
9. [ ] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[x] COUNTY OPERATED		10. [x] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): *					
<input checked="" type="checkbox"/> PRIMARY [x] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES * over 18		ETHNICITY [x] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify)		OTHER POPULATIONS [ ] DISABLED [x] GAY/LESBIAN [x] HOMELESS [x] MULTIPLE DIAGNOSIS [x] RURAL/ISOLATED [x] PUBLIC INEBRIATES [x] IVDU/HIV [ ] CRIMINAL JUSTICE	
12. DISABILITY ACCESS: [ ] YES [x] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE 26 NUMBER _____ COST PER _____					
14. CAPACITY: STATIC 26 DYNAMIC 21 AVERAGE LENGTH OF STAY 42 days					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [x] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  The Tom Smith Substance Abuse Treatment Center is a six-week modified medical treatment facility funded by the City and County of San Francisco to treat individuals with alcohol/drug-related problems.					
Prevention Strategy Code(s) _____					

Original  
Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Tom Smith Annex (Redwood Center)		3. PROVIDER CODE C 380021	
4. CONTACT PERSON'S NAME Donna M. Bennett		5. PHONE NUMBER (415) 366-5723 ext. _____		6. SERVICE CODE 30	
7. MAILING ADDRESS 100 Edmonds Road Redwood City, Ca. 94062		8. FACILITY ADDRESS [ ] CONFIDENTIAL Same			
9. [X] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [X] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [X] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [X] GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [X] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [X] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [X] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [X] HEARING [X] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [X] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Drug</u> NUMBER <u>7200</u> COST PER <u>\$55.79</u>					
14. CAPACITY: STATIC <u>20</u> DYNAMIC <u>172</u> AVERAGE LENGTH OF STAY <u>30 Days</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) <i>Tom Smith Annex</i> (Redwood Center) is a six week social model residential treatment for male substance abusers which offers an out-patient component for the family. Treatment components include: - individual counseling - educational lectures, films, and guest speakers - orientation to the twelve step program - journal writing - acupuncture - re-entry planning - relapse prevention planning - aftercare program - amino acid treatment - art therapy - family program - children's program - referral and placement - access for visual and hearing impaired					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

Appendix I page 53



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Walden House, Inc		3. PROVIDER CODE c 383835	
4. CONTACT PERSON'S NAME Debi Lewis		5. PHONE NUMBER (415) 554-1100 ext. 176		6. SERVICE CODE	
7. MAILING ADDRESS 520 Townsend St. San Francisco, Ca.		8. FACILITY ADDRESS [ ] CONFIDENTIAL 1885 Mission St. San Francisco, Ca.			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
<input checked="" type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> GENERAL POPULATION		<input type="checkbox"/> DISABLED	
<input type="checkbox"/> MEN		<input type="checkbox"/> BLACK/AFRICAN-AMERICAN		<input checked="" type="checkbox"/> GAY/LESBIAN	
<input type="checkbox"/> WOMEN ONLY		(Not Hispanic)		<input checked="" type="checkbox"/> HOMELESS	
<input type="checkbox"/> WOMEN & CHILDREN		<input type="checkbox"/> ALASKAN NATIVE		<input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS	
<input type="checkbox"/> PREGNANT WOMEN		<input type="checkbox"/> AMERICAN INDIAN		<input type="checkbox"/> RURAL/ISOLATED	
<input type="checkbox"/> YOUTH/ADOLESCENT		<input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE		<input type="checkbox"/> PUBLIC INEBRIATES	
<input type="checkbox"/> ELDERLY		<input type="checkbox"/> HISPANIC		<input checked="" type="checkbox"/> IVDU/HIV	
<input type="checkbox"/> FAMILIES		<input type="checkbox"/> OTHER _____ (Specify)		<input checked="" type="checkbox"/> CRIMINAL JUSTICE	
12. DISABILITY ACCESS: [ ] YES [X] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Day Treatment</u> NUMBER <u>11,700</u> COST PER <u>46.48</u>					
14. CAPACITY: STATIC <u>36</u> DYNAMIC <u>300</u> AVERAGE LENGTH OF STAY <u>2.5 mos</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  SEE ATTACHED PROGRAM DESCRIPTION					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Walden House, Inc.		3. PROVIDER CODE c 383835	
4. CONTACT PERSON'S NAME Debi Lewis		5. PHONE NUMBER (415) 554-1100 ext. 176		6. SERVICE CODE 21	
7. MAILING ADDRESS 520 Townsend St. San Francisco, Ca.		8. FACILITY ADDRESS [ ] CONFIDENTIAL 815 Buena Vista West San Francisco, Ca.			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED <input checked="" type="checkbox"/> GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS <input checked="" type="checkbox"/> MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES <input checked="" type="checkbox"/> IVU/HIV <input checked="" type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [X] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE ODF NUMBER 1,500 COST PER 49.51					
14. CAPACITY: STATIC 26 DYNAMIC 60 AVERAGE LENGTH OF STAY 3.5 mos					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [X] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  SEE ATTACHED PROGRAM DESCRIPTION					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.



## Appendix I

NOTE: Complete one DEM-7226 for each Service Code.

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
 Provider Narrative  
 DEMONSTRATION PROGRAMS  
 FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Walden House, Inc.		3. PROVIDER CODE C 383806	
4. CONTACT PERSON'S NAME Debi Lewis			5. PHONE NUMBER (415) 554 - 1100 ext. 176		6. SERVICE CODE 30
7. MAILING ADDRESS 520 Townsend St. San Francisco, Ca.			8. FACILITY ADDRESS [ ] CONFIDENTIAL 815 Buena Vista West San Francisco, Ca. 890 Hayes St. San Francisco, Ca.		
9. [X] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT			[ ] COUNTY OPERATED		10. [X] NONPROFIT [ ] FOR PROFIT
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
[X] GENERAL POPULATION	[X] GENERAL POPULATION	[X] DISABLED			
[ ] MEN	[ ] BLACK/AFRICAN-AMERICAN	[X] GAY/LESBIAN			
[ ] WOMEN ONLY	(Not Hispanic)	[X] HOMELESS			
[ ] WOMEN & CHILDREN	[ ] ALASKAN NATIVE	[X] MULTIPLE DIAGNOSIS			
[ ] PREGNANT WOMEN	[ ] AMERICAN INDIAN	[ ] RURAL/ISOLATED			
[ ] YOUTH/ADOLESCENT	[ ] ASIAN/ASIAN-AMERICAN/	[ ] PUBLIC INEBRIATES			
[ ] ELDERLY	PACIFIC NATIVE	[X] IVOU/HIV			
[ ] FAMILIES	[ ] HISPANIC	[X] CRIMINAL JUSTICE			
	[ ] OTHER				
	(Specify)				
12. DISABILITY ACCESS: [ ] YES [X] NO [ ] BY REFERRAL					
If yes or by referral indicate type:					
[ ] HEARING	[ ] VISUAL	[ ] MENTAL	[ ] DEVELOPMENTAL		
[ ] MOBILITY	[ ] PHYSICAL	[ ] OTHER (SPECIFY)			
13. UNITS OF SERVICE PROVIDED: TYPE RDF NUMBER 61,101 COST PER 68.62					
14. CAPACITY: STATIC 245 DYNAMIC 450 AVERAGE LENGTH OF STAY 6mos					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: [ ] EXPANSION OF SERVICES					
[X] EXISTING					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)					
SEE ATTACHED PROGRAM DESCRIPTION					
Prevention Strategy Code(s)					

NOTE: Complete one DEM-7226 for each Service Code.



Original  
Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Western Addition Recovery House		3. PROVIDER CODE C	
4. CONTACT PERSON'S NAME Israel C. Ngoro, Program Director		5. PHONE NUMBER (415) 552-7230 ext. _____		6. SERVICE CODE 30	
7. MAILING ADDRESS 425 Divisadero St. Ste. 202 San Francisco, CA 94117		8. FACILITY ADDRESS [ ] CONFIDENTIAL 940 Haight Street San Francisco, CA 94117			
9. [ X ] CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. [ X ] NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ X ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY [ ] GENERAL POPULATION [ X ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ X ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ X ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ X ] MOBILITY [ X ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Direct</u> NUMBER <u>6,205</u> COST PER <u>45.92</u>					
14. CAPACITY: STATIC <u>20</u> DYNAMIC <u>80</u> AVERAGE LENGTH OF STAY <u>4 months</u>					
15. PROGRAM STATUS: [ X ] NEW PROJECTED START DATE: <u>December 1, 1991 for clients</u> [ ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Western Addition Recovery House (WARH) is a new, 20-bed social-model residential substance abuse recovery facility with African-American males in San Francisco as the target population.  WARH will offer a 120-day substance abuse treatment program which addresses issues specific to the African-American community, including building in the individual's existing family and other support networks. Additional components of the program will include career rehabilitation and development, learning necessary life skills such as cooking and money management, literacy training, and various recreational activities. Referrals are expected to come from Detox centers, primary programs, and community service centers such as churches and social service agencies.					
Prevention Strategy Code(s) _____					

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Westside Community Mental Health Center		3. PROVIDER CODE C 383887	
4. CONTACT PERSON'S NAME Jo Ann Newman			5. PHONE NUMBER 415) 563-8200 ext. _____		6. SERVICE CODE 22, 23
7. MAILING ADDRESS 1153 Oak Street, San Francisco, CA 94117			8. FACILITY ADDRESS [ ] CONFIDENTIAL 1301 Pierce Street, San Francisco, CA 94115		
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT			[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS <input checked="" type="checkbox"/> DISABLED [ ] GAY/LESBIAN [ ] HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE Doses _____ NUMBER <sup>MM</sup> 29,000 <sub>MD</sub> 8,500 COST PER <sup>MM</sup> \$16.95 <sub>MD</sub> \$9.55					
14. CAPACITY: STATIC <sup>MM</sup> 150 <sub>MD</sub> 175 DYNAMIC _____ AVERAGE LENGTH OF STAY <sup>MM</sup> 2 hours <sub>MD</sub> 21 days					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  See attached.					
Prevention Strategy Code(s) _____					

DEM-7226 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Westside Inner City Outpatient Services		3. PROVIDER CODE D383815	
4. CONTACT PERSON'S NAME Charles Pegues		5. PHONE NUMBER (415) 552-6601 ext. _____		6. SERVICE CODE 20	
7. MAILING ADDRESS 1153 Oak Street, San Francisco, CA 94117		8. FACILITY ADDRESS [ ] CONFIDENTIAL 1049 Market Street, San Francisco, CA 94103			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION <input checked="" type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES <input checked="" type="checkbox"/> IDU/HIV <input checked="" type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ X ] YES [ ] NO [ ] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ X ] MOBILITY [ X ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>Indiv/Group</u> NUMBER <u>7,500</u> COST PER <u>\$43.70</u>					
14. CAPACITY: STATIC <u>139</u> DYNAMIC <u>7,500</u> AVERAGE LENGTH OF STAY <u>6 mos.</u>					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: _____ [ X ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided) Westside Inner City offers six month outpatient services that include individual, group, family, couples and sexual partners counseling, men and women's support groups, HIV education, prevention, community outreach to high risk groups, e.g., IV drug users, prostitutes, undereducated and the uneducated. We provide pre and post test counseling, on site HIV antibody testing. We network with other service providers to help meet the needs of our clients and their families.					
Prevention Strategy Code(s) _____					

DEM-7226 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Westside Tenderloin Detox Program		3. PROVIDER CODE C 383889	
4. CONTACT PERSON'S NAME Alfred Sellers, Jr.		5. PHONE NUMBER (415) 255-1786 ext. _____		6. SERVICE CODE 20	
7. MAILING ADDRESS Same		8. FACILITY ADDRESS [ ] CONFIDENTIAL 183 Golden Gate Ave. San Francisco, CA 94102			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S):					
PRIMARY		ETHNICITY		OTHER POPULATIONS	
<input checked="" type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> GENERAL POPULATION		<input checked="" type="checkbox"/> DISABLED	
<input checked="" type="checkbox"/> MEN		<input checked="" type="checkbox"/> BLACK/AFRICAN-AMERICAN		<input checked="" type="checkbox"/> GAY/LESBIAN	
<input checked="" type="checkbox"/> WOMEN ONLY		(Not Hispanic)		<input checked="" type="checkbox"/> HOMELESS	
<input checked="" type="checkbox"/> WOMEN & CHILDREN		<input type="checkbox"/> ALASKAN NATIVE		<input type="checkbox"/> MULTIPLE DIAGNOSIS	
<input type="checkbox"/> PREGNANT WOMEN		<input checked="" type="checkbox"/> AMERICAN INDIAN		<input type="checkbox"/> RURAL/ISOLATED	
<input type="checkbox"/> YOUTH/ADOLESCENT		<input checked="" type="checkbox"/> ASIAN/ASIAN-AMERICAN/		<input type="checkbox"/> PUBLIC INEBRIATES	
<input type="checkbox"/> ELDERLY		PACIFIC NATIVE		<input checked="" type="checkbox"/> IVDU/HIV	
<input checked="" type="checkbox"/> FAMILIES		<input checked="" type="checkbox"/> HISPANIC		<input checked="" type="checkbox"/> CRIMINAL JUSTICE	
		<input type="checkbox"/> OTHER _____ (Specify)			
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO <input checked="" type="checkbox"/> BY REFERRAL					
If yes or by referral indicate type:					
<input checked="" type="checkbox"/> HEARING		<input checked="" type="checkbox"/> VISUAL		<input checked="" type="checkbox"/> MENTAL	
<input checked="" type="checkbox"/> MOBILITY		<input type="checkbox"/> PHYSICAL		<input checked="" type="checkbox"/> DEVELOPMENTAL	
[ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE see below NUMBER 5,117* COST PER 58.06					
14. CAPACITY: STATIC 70 per mo. DYNAMIC 840 AVERAGE LENGTH OF STAY 28 days					
15. PROGRAM STATUS: <input type="checkbox"/> NEW PROJECTED START DATE: _____					
<input checked="" type="checkbox"/> EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)					
<p>The Westside Tenderloin Detox Program is an intensive 28 day outpatient detox program which primarily provides treatment to crack-cocaine, stimulant and poly drug users. Services include daily individual and nightly sessions; Marijuana Anonymous, Cocaine Anonymous, Narcotics Anonymous (12 step groups), AIDS-HIV education/prevention; and therapeutic Rap groups.</p> <p>The groups are a source for support, education and sharing which have proven to be instrumental toward prevention, recovery and relapse. We offer clients detox tea (herbal), Ensure, vitamins and a YMCA pass. Housing, jobs, education and other referrals will be provided as needed.</p> <p>After graduation all clients are referred to Inner City Outpatient Services for enrollment in their 6 month drug free after care program.</p>					
Prevention Strategy Code(s) _____					

DEM-7226 (5/91)

NOTE: Complete one DEM-7226 for each Service Code.

Units of Service Provided: Individual, Group, Crisis, Assessment, Intensive, and Case Management  
\* as of May 31, 1991



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Women's Alcoholism Center/ Lee Woodward Counseling Center		3. PROVIDER CODE C 380120	
4. CONTACT PERSON'S NAME Rhonda Ceccato		5. PHONE NUMBER 415 285-4484 ext. _____		6. SERVICE CODE 20, 10	
7. MAILING ADDRESS 3430- 20Th Street, #308, S.F. Ca 94110		8. FACILITY ADDRESS 2201 Sutter Street San Francisco, Ca 95115		[ ] CONFIDENTIAL NEW site	
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> MEN <input checked="" type="checkbox"/> WOMEN ONLY <input checked="" type="checkbox"/> WOMEN & CHILDREN <input checked="" type="checkbox"/> PREGNANT WOMEN <input type="checkbox"/> YOUTH/ADOLESCENT <input type="checkbox"/> ELDERLY <input type="checkbox"/> FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> BLACK/AFRICAN-AMERICAN (Not Hispanic) <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER _____ (Specify) OTHER POPULATIONS <input checked="" type="checkbox"/> DISABLED <input type="checkbox"/> GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS <input type="checkbox"/> MULTIPLE DIAGNOSIS <input type="checkbox"/> RURAL/ISOLATED <input type="checkbox"/> PUBLIC INEBRIATES <input type="checkbox"/> IDU/HIV <input type="checkbox"/> CRIMINAL JUSTICE					
12. DISABILITY ACCESS: <input checked="" type="checkbox"/> YES [ ] NO <input checked="" type="checkbox"/> BY REFERRAL If yes or by referral indicate type: <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> VISUAL [ ] MENTAL [ ] DEVELOPMENTAL <input checked="" type="checkbox"/> MOBILITY <input checked="" type="checkbox"/> PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE _____ NUMBER _____ COST PER _____					
14. CAPACITY: STATIC _____ DYNAMIC _____ AVERAGE LENGTH OF STAY _____					
15. PROGRAM STATUS: [ ] NEW PROJECTED START DATE: 1979 [x] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Counseling Center provides Individual, Group and family counseling: Individual capacity is 12, 600 units at 65.88 per unit. Group capacity is 52, 6,240 units at 30.47 per unit. Family capacity is 5, 150 units at 73.57 per unit. Length of stay may vary depending on service an- group 30 days to 18 months Day Program is 4 months long. Continuing Care group is 6-12 months long etc.....  Prevention Strategy Code(s) 1 3 4					

NOTE: Complete one DEM-7226 for each Service Code.

Appendix I page 62

☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Women's Alcoholism Center/ Pomeroy House		3. PROVIDER CODE <input checked="" type="checkbox"/> 380122	
4. CONTACT PERSON'S NAME Rhonda Ceccato		5. PHONE NUMBER 415, 285 - 4484 ( ) - ext.		6. SERVICE CODE <input checked="" type="checkbox"/> 30	
7. MAILING ADDRESS 3130 - 20th Street #308, S.F. Ca 94110		8. FACILITY ADDRESS 2261-63 Bryant Street San Francisco, Ca 94110 [x] CONFIDENTIAL			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER <input type="checkbox"/> OUT OF COUNTY CONTRACT		<input type="checkbox"/> COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT <input type="checkbox"/> FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY <input checked="" type="checkbox"/> WOMEN & CHILDREN [ ] PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [xx] YES [ ] NO [x] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [x] DEVELOPMENTAL [ ] MOBILITY [x] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>17Beds</u> NUMBER <u>6,205 per yr.</u> COST PER <u>66.44</u>					
14. CAPACITY: STATIC <u>8 adults/9 ch</u> DYNAMIC <u>8 adults/9 ch</u> AVERAGE LENGTH OF STAY <u>one year</u>					
15. PROGRAM STATUS: [ ] NEW [x] EXISTING PROJECTED START DATE: <u>1985</u> [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Residential recovery program for women with children recovering from substance abuse. Program is 6-12 months in duration. Therapeutic childcare and counseling for children living in residence with mother. Mother may bring up to two children infants -12 years old. Can handle 8 adults and 9 children at any one time. Majority of clients stay a full year.					
X Prevention Strategy Code(s) _____					



☒ Original  
☐ Amended

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
Provider Narrative  
DEMONSTRATION PROGRAMS  
FY 1991-92

Appendix I

1. COUNTY NAME San Francisco		2. PROVIDER NAME Women's Alcoholism Center/ Aviva House		3. PROVIDER CODE <input checked="" type="checkbox"/> 380121	
4. CONTACT PERSON'S NAME Rhonda Ceccato		5. PHONE NUMBER (415) 285-4484 ext. _____		6. SERVICE CODE <input checked="" type="checkbox"/> 30	
7. MAILING ADDRESS 3130 - 20th Street, S.f. Ca 94110		8. FACILITY ADDRESS [x] CONFIDENTIAL 1724 Bryant Street, S.F. Ca 94110			
9. <input checked="" type="checkbox"/> CONTRACT PROVIDER [ ] OUT OF COUNTY CONTRACT		[ ] COUNTY OPERATED		10. <input checked="" type="checkbox"/> NONPROFIT [ ] FOR PROFIT	
11. TARGET GROUP(S): PRIMARY [ ] GENERAL POPULATION [ ] MEN [ ] WOMEN ONLY [ ] WOMEN & CHILDREN <input checked="" type="checkbox"/> PREGNANT WOMEN [ ] YOUTH/ADOLESCENT [ ] ELDERLY [ ] FAMILIES ETHNICITY <input checked="" type="checkbox"/> GENERAL POPULATION [ ] BLACK/AFRICAN-AMERICAN (Not Hispanic) [ ] ALASKAN NATIVE [ ] AMERICAN INDIAN [ ] ASIAN/ASIAN-AMERICAN/ PACIFIC NATIVE [ ] HISPANIC [ ] OTHER _____ (Specify) OTHER POPULATIONS [ ] DISABLED [ ] GAY/LESBIAN <input checked="" type="checkbox"/> HOMELESS [ ] MULTIPLE DIAGNOSIS [ ] RURAL/ISOLATED [ ] PUBLIC INEBRIATES [ ] IDU/HIV [ ] CRIMINAL JUSTICE					
12. DISABILITY ACCESS: [ ] YES [ ] NO [xx] BY REFERRAL If yes or by referral indicate type: [ ] HEARING [ ] VISUAL [ ] MENTAL [ ] DEVELOPMENTAL [ ] MOBILITY [ ] PHYSICAL [ ] OTHER (SPECIFY) _____					
13. UNITS OF SERVICE PROVIDED: TYPE <u>12 Beds</u> NUMBER <u>4,015 per yr.</u> COST PER <u>92.29</u>					
14. CAPACITY: STATIC <u>6 adults/6</u> DYNAMIC <u>6/6</u> AVERAGE LENGTH OF STAY <u>one year</u>					
15. PROGRAM STATUS: <input checked="" type="checkbox"/> NEW PROJECTED START DATE: _____ [ ] EXISTING [ ] EXPANSION OF SERVICES					
16. PROGRAM DESCRIPTION: (Describe activities, goals and objectives, prevention strategies, any special services provided)  Residential recovery program for pregnant women and their infants recovering from substance abuse. Program is 12-18 months in duration. Therapeutic childcare and counseling for children living in residence with mother. Can handle 6 adults and 6 infants at any one time.					
Xprevention Strategy Code(s) _____					

## Appendix II

Appendix II summarizes San Francisco's direct spending for services provided to homeless individuals. These data are limited for several reasons:

- . While the data in Appendix II were supplied by knowledgeable employees in the City's Departments of Public Health and Social Services and the Mayor's Office, there has been no central consolidation of expenditures for homeless programs. Therefore, the data presented may be incomplete.
- . Several programs, such as General Assistance, which provide benefits and services to homeless individuals, do not disaggregate data by homeless status.
- . Increased City expenditures (including sanitation, police, emergency services) attributable to San Francisco's large homeless population are not calculated.
- . There is no method to acquire data for grant funding of non-City operated homeless programs, nor is there a central collection of data on private sector contributions to homeless programs.



SAN FRANCISCO FUNDING FOR HOMELESS SERVICES  
 Projected Expenditures FY 1992  
 (000s)  
 Funding Source

	----- Local -----	----- State -----	----- Federal -----	----- Other -----	----- Total -----
<b>TOTAL EXPENDITURES</b>					
Housing & Community Development	5,084	1,750	1,987	1,307	10,129
Department of Social Services	17,358	0	0	0	17,358
Department of Public Health	24,375	2,255	4,064	250	30,944
<b>Total</b>	<b>\$46,818</b>	<b>\$4,005</b>	<b>\$6,051</b>	<b>\$1,557</b>	<b>58,431</b>

**SAN FRANCISCO FUNDING FOR HOMELESS SERVICES**  
**Projected Expenditures FY 1992**  
 (000s)  
 Funding Source

	Local	State	Federal	Other	Total
<b>Housing &amp; Community Development</b>					
Housing	3,841	1,750	1,987	1,307	8,885
Temporary	700	0	0	1,168	1,868
Permanent	3,141	1,750	1,987	139	7,017
Services	366	0	0	0	366
Other (shelter)	878	0	0	0	878
<b>Total</b>	<b>\$5,084</b>	<b>\$1,750</b>	<b>\$1,987</b>	<b>\$1,307</b>	<b>\$10,129</b>
<b>Department of Social Services</b>					
Housing	7,025	0	0	0	7,025
Temporary	6,447	0	0	0	6,447
Permanent	578	0	0	0	578
Services	690	0	0	0	690
Other (shelter)	44	0	0	0	44
General Assistance /1/	9,600	0	0	0	9,600
<b>Total</b>	<b>\$17,358</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$17,358</b>



**SAN FRANCISCO FUNDING FOR HOMELESS SERVICES**  
**Projected Expenditures FY 1992**  
 (000s)

**Funding Source**

Local	State	Federal	Other	Total
-------	-------	---------	-------	-------

**Department of Public Health**

Health Services	4,577	2,255	4,064	250	11,146
SF General Hospital /2/	13,496				
Substance Abuse Services /3/	6,302	na	na	na	6,302
<b>Total</b>	<b>\$24,375</b>	<b>\$2,255</b>	<b>\$4,064</b>	<b>\$250</b>	<b>\$30,944</b>

/1/ The Department of Social Services estimates approximately 19.3% of San Francisco's 14,000 General Assistance recipients are homeless. Since a court order stipulates that GA applicants who declare themselves homeless must be processed the day of their application or be provided housing that night, the number of homeless GA applicants may be slightly inflated.

/2/ Forty-six percent of San Francisco's FY 1992 substance abuse services of \$13.7MM.

/3/ Estimation based on San Francisco General's FY 1991 data

- . **Inpatient Medical Care:** In FY 1991, San Francisco General Hospital provided 83,900 inpatient days for medical-surgical care at an average cost of \$1,368 per day, and 27,280 inpatient days of psychiatric care at \$742 per day. Ten percent of these services were provided to homeless people at a cost of \$13,495,760. (10% of 83,900 days = 8,390 x \$1,368 = \$11,477,520 + 10% of 27,900 days = 2,790 x \$742 = \$2,018,240).
- . **Substance Abuse Services:** In FY 1992 San Francisco has budgetted \$13.7MM for substance abuse services -- 46% of these services will be provided to homeless people at a cost of \$6.3MM.

	<u>County General Fund</u>	<u>Appendix II</u> <u>Number Served</u>
Supported Permanent Housing		
Hospitality House-	175,000	60
Cambridge Hotel		
Mission Housing Dvlpt.	55,000	85
South Park Hotels		
Services	689,767	
Conard House Multi-		225
service Center -		
Representative		
Payees		850
Catholic Charities		
Family Resource Ctr.		25-60
Project Homeward Bound		15
Traveler's Aid		
Childcare		500
SF Housing Authority/DSS		
Prevention		300
Red Cross Eviction		
Prevention		
Miscellaneous		
Food Box	41,600	1,200
Bus Tokens	2,000	2,350
TOTAL	\$8,011,261*	

\* The sum of County General Fund expenditures by DSS in 1991-92 is actually \$7,758,261.



## Appendix II

DEPARTMENT OF PUBLIC HEALTH  
HOMELESS PROGRAMS

## Expenditures

Program <sup>1</sup>	Funding Source				
	Federal	State	Private <sup>4</sup>	City	Total
Homeless Programs					
Health Care for the Homeless	\$ 600,000	\$ 73,000	\$ 250,000	\$ 335,000	\$ 1,258,000
Tenderloin Self Help Center				500,000	500,000
Peter Claver Community		160,000		350,000	510,000
Transbay Terminal Outreach <sup>2</sup>	183,000				183,000
Subtotal	\$ 783,000	\$ 233,000	\$ 250,000	\$ 1,185,000	\$ 2,451,000
Tom Waddell Clinic	\$ 185,000			\$ 1,280,000	\$ 1,465,000
Mental Health					
North of Market (Seniors)		28,000		3,000	31,000
South of Market (Outpatient)	119,000	372,000			491,000
Tenderloin Clinic		30,000			30,000
Catholic Charities (Refugees)		45,000		13,000	58,000
Swords to Plowshares (Veterans)	30,000	125,000		14,000	660,000
Multi-Service Centers		23,000		132,000	155,000
Episcopal Sanctuary		96,000		42,000	138,000
Conard House (Hotel Dolores)	270,000	47,000		140,000	457,000
Conard House (Washburn Hotel)	218,000				218,000
SFGH		144,000			144,000
Subtotal	\$ 637,000	\$ 910,000		\$ 344,000	\$ 1,891,000
Substance Abuse <sup>3</sup>					
Ozanam Reception Center	280,000	7,000		24,000	311,000
Alcohol Drop-In <sup>2</sup>		400,000			400,000
MSC Residential Treatment		500,000			500,000
Mobile Assistance Patrol	153,000	84,000		170,000	407,000
Community Housing Partnership				26,000	26,000
Multi-Service Centers				106,000	106,000
Subtotal	\$ 433,000	\$ 991,000		\$ 326,000	\$ 1,750,000

# Appendix II

FROM: SF PUBLIC HEALTH P&PS

TO:

4155546503

FEB 13, 1992

5:09PM

P.03

<u>Program</u> <sup>1</sup>	<u>Funding Source</u>				<u>Total</u>
	<u>Federal</u>	<u>State</u>	<u>Private</u> <sup>4</sup>	<u>City</u>	
AIDS Office					
Tenderloin AIDS Network				\$ 104,000	\$ 104,000
Glide Foundation				49,767	49,767
Hospitality House		42,917			42,917
18th Street Services	\$ 122,901				122,901
Bayview/Hunters Point Found.	116,750				116,750
Haight Ashbury/Urban Health Study	418,704				418,704
Catholic Charities	52,000	42,590		575,114	669,704
SF AIDS Foundation	96,350			151,784	248,134
Shanti Project	315,000	35,743		453,742	804,485
Health Outreach Team	117,300				117,300
PPMC/VNH	480,500				480,500
AIDS Emergency Fund	188,000				188,000
Larkin Street Youth Center	118,090				118,090
Subtotal	\$2,025,595	\$ 121,250		\$1,334,407	\$ 3,481,252
San Francisco General Hospital					
Respite				108,000	108,000
TOTAL	\$4,063,595	\$2,255,250	\$ 250,000	\$4,577,407	\$11,146,252



## Notes

## Appendix II

- 1 The list of programs is conservative. It includes only those programs that specifically target homeless people, although other department services might also be used by homeless people. For example, by our most recent survey, approximately 10% of the people discharged from San Francisco General Hospital are homeless, but those expenditures are not included.
- 2 Programs in the process of development, but expected to begin before the end of the calendar year.
- 3 While this list includes only those programs that specifically target homeless people, the Community Substance Abuse Services office reports that 90% of the people using detox programs are homeless and 46% of the people using all substance abuse treatment services are homeless.
- 4 These figures include private grant funds administered through the Department of Public Health. They do not include private contributions or grant funds awarded directly to community agencies serving homeless people.

# HOUSING PROGRAMS FOR HOMELESS PERSONS 1988 - 1991

## MULTISERVICE CENTERS

## Appendix II

	UNITS BEDS	LOCAL FUNDS <sup>1</sup>	STATE FUNDS	FEDERAL FUNDS <sup>2</sup>	OTHER FUNDS <sup>3</sup>	TOTAL FUNDS	STATUS
1. 5th & Bryant Sts.	200	\$1,877,045	\$0	\$3,960,000	\$1,311,566	\$7,148,611	Partially open during renovation; expect to complete by mid-October.
2. Polk & Geary Blvd.	225	\$2,417,333	\$0	\$1,714,178	\$2,912,463	\$7,038,974	Opened in 1990; temporarily closed for rehabilitation and seismic upgrading.
3. Richmond Hills <sup>4</sup> (for Women with children)	40	\$39,000	\$132,300	\$193,331	\$47,596	\$412,227	Open
Totals:	465	\$4,333,378	\$132,300	\$5,867,509	\$4,271,625	\$14,604,812	

## TRANSITIONAL HOUSING

	UNITS BEDS	LOCAL FUNDS	STATE FUNDS	FEDERAL FUNDS <sup>5</sup>	OTHER FUNDS <sup>6</sup>	TOTAL FUNDS	STATUS
1. Midori Hotel 240 Hyde Street	77	\$997,000	\$0	\$400,000	\$0	\$1,397,000	Open
2. Eldorado Hotel 150 Ninth Street	57	\$1,139,762	\$1,425,000	\$0	\$0	\$2,564,762	Open
3. Washburn Hotel 38 Washburn Street	24	\$997,000	\$0	\$400,000	\$0	\$1,397,000	Open
Psychiatric Disabilities:	158	\$3,133,762	\$1,425,000	\$800,000	\$0	\$5,358,762	

<sup>1</sup>Includes locally generated funds only.

<sup>2</sup>Includes funds from FEMA, CDBG, OES and State funds that matched FEMA 25% to 75%.

<sup>3</sup>Includes funds from Red Cross and other private sources.

<sup>4</sup>Local and State funds include first year rent subsidies.

<sup>5</sup>Includes CDBG Entitlement funds that are locally administered, as well as project-specific funds.

<sup>6</sup>Includes funds raised through sale of Federal Tax Credits as well as other non-government sources.



# TRANSITIONAL HOUSING continued

							Appendix II
	UNITS BEDS	LOCAL FUNDS	STATE FUNDS	FEDERAL FUNDS	OTHER FUNDS	TOTAL FUNDS	STATUS
<b>Runaway Youth</b>							
1. Guerrero House 899 Guerrero St.	20	\$0	\$0	\$800,000	\$600,000	\$1,400,000	Open
2. Hospitality House 61 Moss Street	12	\$0	\$95,000	\$86,000	\$0	\$181,000	Open
Subtotals:	32	\$0	\$95,000	\$886,000	\$600,000	\$1,581,000	
<b>Crack-Addicted Women</b>							
1. Phoenix House 1601 Quesada Street	30	\$700,000	\$0	\$0	\$1,161,108	\$1,861,108	Under construction
2. Sojourner House 1724 Bryant Street	12	\$180,000	\$345,000	\$0	\$0	\$525,000	Under construction
Subtotals:	42	\$880,000	\$345,000	\$0	\$1,161,108	\$2,386,108	
<b>Homeless Single Women</b>							
Innovative Housing 2380 Folsom Street	16	\$375,200	\$0	\$355,000	\$0	\$730,200	Open
Subtotals:	16	\$375,200	\$0	\$355,000	\$0	\$730,200	
<b>Abused Women</b>							
1. Nailah House 1301 Revere Street	12	\$0	\$0	\$109,000	\$0	\$109,000	Under construction
2. Rosalie House San Francisco	20	\$0	\$75,000	\$575,000	\$150,000	\$800,000	Open
Subtotals:	32	\$0	\$75,000	\$684,000	\$150,000	\$909,000	
<b>AIDS/ARC</b>							
1. Hospice by the Bay 141 Leland Ave.	51	\$1,250,000	\$1,260,000	\$275,000	\$0	\$2,785,000	10/91 Constr. start
	51	\$1,250,000	\$1,260,000	\$275,000	\$0	\$2,785,000	

# TRANSITIONAL HOUSING continued

Appendix II

	UNITS BEDS	LOCAL FUNDS	STATE FUNDS	FEDERAL FUNDS	OTHER FUNDS	TOTAL FUNDS	STATUS
--	---------------	----------------	----------------	------------------	----------------	----------------	--------

## Substance Abuse

1. Walden House 890 Hayes	74	\$188,690	\$385,000	\$0	\$1,526,310	\$2,100,000	Open
2. Delancey Street Brannan and First Sts.	117	\$3,980,145	\$0	\$0	\$14,694,028	\$18,674,173	Open
Subtotals:	191	\$4,168,835	\$385,000	\$0	\$16,220,338	\$20,774,173	

## Transitional

Housing Totals: 522 \$9,807,797 \$3,585,000 \$3,000,000 \$18,131,446 \$34,524,243

# PERMANENT HOUSING

	UNITS BEDS	LOCAL FUNDS	STATE FUNDS	FEDERAL FUNDS	OTHER FUNDS	TOTAL FUNDS	STATUS
--	---------------	----------------	----------------	------------------	----------------	----------------	--------

## Psychiatric Disabilities

1. Baker Places 484 Oak Street	12	\$175,000	\$350,000	\$80,000	\$0	\$605,000	10/91 Constr. start
2. Progress Foundation 1272 South Van Ness	12	\$578,000	\$0	\$737,200	\$139,000	\$1,454,200	10/91 Constr. start
3. Progress Foundation 650 Webster Street	8	\$0	\$188,899	\$260,000	\$97,800	\$546,699	11/91 Constr. start
4. Chateau Agape 827 Guerrero Street	25	\$0	\$0	\$165,000	\$0	\$165,000	Open
	57	\$753,000	\$538,899	\$1,242,200	\$236,800	\$2,770,899	

## Homeless Singles

1. Cambridge Hotel 473 Ellis Street	60	\$0	\$1,306,000	\$1,200,000	\$1,329,000	\$3,835,000	Open
2. San Cristina Hotel 1000 Market Street	59	\$0	\$1,750,000	\$1,238,700	\$1,250,000	\$4,238,700	12/91 Constr. start
3. Knox Hotel 241 - 6th Street	140	\$2,758,443	\$3,570,000	\$0	\$5,209,046	\$11,537,489	11/92 Constr. start



PERMANENT HOUSING continued

	UNITS BEDS	LOCAL FUNDS	STATE FUNDS	FEDERAL FUNDS	OTHER FUNDS	TOTAL FUNDS	Appendix II STATUS
<b>Homeless Singles continued</b>							
4. Episcopal Sanctuary 701 Natoma Street	104	\$250,000	\$1,950,000	\$500,000	\$3,848,320	\$6,548,320	11/92 Constr. start
5. Innovative Housing 733 Baker Street	12	\$0	\$480,000	\$200,000	\$0	\$680,000	10/91 Constr. start
6. Sunnyside Hotel 135 6th Street	51	\$120,000	\$0	\$0	\$0	\$120,000	Open
7. Jefferson Hotel 440 Eddy Street	72	\$140,000	\$0	\$0	\$0	\$140,000	Under construction
Subtotals:	498	\$3,268,443	\$9,056,000	\$3,138,700	\$11,636,366	\$27,099,509	
<b>Homeless Singles and Families</b>							
1. Senator Hotel 519 Ellis Street	87	\$1,476,667	\$0	\$0	\$3,025,000	\$4,501,667	12/91 Constr. start
Subtotals:	87	\$1,476,667	\$0	\$0	\$3,025,000	\$4,501,667	
<b>Homeless w/ AIDS/ARC</b>							
1. Hope House 220 Dolores Street	12	\$400,000	\$0	\$0	\$400,000	\$800,000	6/92 Constr. start
2. Peter Claver House 1340 Golden Gate	32	\$0	\$0	\$400,000	\$100,000	\$500,000	Open
Subtotals:	44	\$400,000	\$0	\$400,000	\$500,000	\$1,300,000	
<b>Permanent</b>							
Housing Totals:	686	\$5,898,110	\$9,594,899	\$4,780,900	\$15,398,166	\$35,672,075	

**San Francisco's Homeless Programs  
under Prior Administrations**

In fiscal year 1992 San Francisco appropriated \$17.4 million (Table 1) of its expenditures to serve homeless persons. These City did not include other expenditures for the homeless such as inpatient services at San Francisco General Hospital, general assistance payments, ambulance and other emergency medical services.

San Francisco has never developed a comprehensive program calculated to "solve" the problem of homelessness in San Francisco. We have never measured the homeless population to determine the exact size of the population we must serve, prioritize initiatives to meet the needs of homeless people, or reconcile initiatives with available City resources.

The most recent report on City homeless programs, FY 1991's Beyond Shelter Implementation Plan, defined five objectives to meet the needs of homeless people. Getting homeless people off the streets, curtailing the flow of homeless people into San Francisco, and mitigating the damage concentrations of homeless people impose on our economy (and thus our ability to fund homeless programs) are not program objectives. The programs did not include positive initiatives to limit the size of the homeless population. This approach compromised the effectiveness of program components with high potential for success, and did not result in a strategy calculated to "solve" the problem of homelessness in San Francisco.



TABLE 1  
City & County of San Francisco  
Homeless Program Expenditures  
FY 1992

----- Department -----	Total Expenditures -----
Social Services	\$7,758,261
Housing	7,024,894
Services	689,767
Other	43,600
Public Health	\$4,577,407
Outpatient Health Care	2,465,000
Mental Health Services	344,000
Substance Abuse Services	326,000
AIDS Services	1,334,407
SFGH Respite	108,000
Housing & Community Development	5,084,450
Services	366,000
Transitional Housing	700,000
Permanent Housing	3,140,700
Shelter	877,750
Grand Total	\$17,420,118 =====

### Beyond Shelter Initiatives

#### Preventing Homelessness

- . Create early eviction warning systems for public and private housing
- . Coordinate assistance to those evicted or threatened with eviction
- . Create emergency eviction funds for residential hotel denizens
- . Strengthen the ordinance regulating conversion of residential hotels to other uses
- . Better enforce all laws protecting enforcement of low-cost housing

### Appendix III

- . Support efforts to expand Federal housing subsidies
- . Increase funding for homeless prevention activities\*

#### Making Housing More Accessible to Low-Income Residents

- . Create comprehensive inventory of low-cost housing and housing placement services
- . Develop a Rental Deposit Guarantee Program to provide security deposit, last month rent, and utility hookup for low-income tenants
- . Expand Modified Payment Program which offers rent discounts in exchange for guaranteed rent payments
- . Rehabilitate more vacant units and increase safety/security
- . Work with non-profit housing developers to acquire and rehabilitate residential hotels and apartments to increase the supply of very low-cost housing
- . Continue to develop seismic upgrade programs
- . Support development of additional low-cost housing units
- . Create a matching fund pool for capital costs for state and Federal grant applications

#### Generating Income

- . Establish an entitlement outreach program for those who might benefit
- . Assist people to secure and maintain SSI benefits
- . Improve check cashing services for public assistance recipients
- . Establish a pilot money management training program
- . Integrate GAIN into programs that serve homeless families, to maximize the impact of GAIN programs



- . Introduce work incentives for GA with an income disregard program
- . Create job training and job preparation programs for the homeless
- . Create a centralized job development and job bank capability

#### Improving Health and Social Support Services

- . Set aside local matching funds for transitional housing and other services for the homeless
- . Create additional transitional housing units in the City
- . Develop a continuum of mental health and substance abuse services
- . Seek Federal funds for a healthcare for the homeless program
- . Improve the availability of childcare and education for homeless families
- . Expand residential substance abuse treatment and sober housing alternatives for the homeless
- . Create a respite unit at a multi-service center\*

#### Enhance Emergency Services

- . Create a 24-hour drop-in center within a multiservice center
- . Improve services to homeless families
- . Reduce reliance on the hotline hotel system; improve the conditions of the existing hotline hotels
- . Expand and upgrade existing shelter facilities
- . Improve coordination of services within the emergency shelter system
- . Increase provision of clean and decent clothing to the homeless
- . Provide additional support for food services

### Appendix III

- . Create a\* drop-in center for homeless street alcoholics
- . Create a family multi-service center\*

\* - New initiative for FY 1991



### Multiservice Centers

Two large multiservice centers for homeless people have been established in San Francisco in the past two years. The capacities and services of each are outlined by Julia Lopez, General Manager of the Department of Social Services, in her January 24, 1992 memorandum to Mayor Jordan (copy attached).

The combined purchase and rehabilitation costs of these centers was \$13.8 million. Red Cross contributed \$4.1 million of the cost with the stipulation that the City maintain these facilities as shelters for 20 years.

#### Impact on Neighborhood Businesses

Multiservice center operations have been modified to address problems center operations have imposed on local merchants. These include:

- . by computerizing the selection system and expanding the timeframe during which homeless people can register for a bed, long lines of homeless have been reduced
- . lists of those selected in the lottery are now posted at St. Anthony's Kitchen and Glide Memorial Church so that those who are not selected have no need to return to the center.

Existing Multiservice centers are positioned to serve as initial in-take centers in the City's revised homeless strategy.

## INTER-OFFICE MEMORANDUM

DATE : January 24, 1992

TO : The Honorable Frank Jordan, Mayor

FROM : Julia I. Lopez, General Manager

SUBJECT: Multi-Service Centers

Outlined below is a summary of the two Multi-Service Centers (MSCs) for the homeless operated through the Department of Social Services.

Purchase and Renovation Costs- The combined purchase and rehabilitation costs for both centers is \$13,842,820. Red Cross provided \$4,074,766. The City's agreement with Red Cross requires us to use the buildings as shelters for twenty years commencing 10/1/90 or the City would have to return their funds. FEMA (Federal Emergency Management Agency) contributed \$5,473,610. (See Attachment I for more detail.) as part of a court settlement to use the funds for this purpose.

Operating Budgets- MSC South is located at 525 Bryant St. and is operated by St. Vincent de Paul. Their 1991-92 contract with DSS was \$1,329,000. The permanent MSC North is located at 1001 Polk St. and is operated by Episcopal Community Services. Their 1991-92 contract with DSS was \$1,463,000.

Shelter and Drop-In Services-

MSC South- There are 200 beds at MSC South; 100 are reserved for persons participating in the case management component and 100 beds are for daily emergency shelter. Of these beds 5 are reserved for referrals from SF General and 10 beds are maintained for persons awaiting entry into substance abuse treatment programs.

Breakfast and dinner is prepared on site for the 200 clients. The Drop-In component accommodates another 100 men and women on a 24 hour/day basis. These clients have access to counseling, snacks, showers, telephone and mail services.

MSC North- Until February 15th when the renovations at 1001 Polk Street will be completed, the MSC North is temporarily located at the old XGO building (277 Golden Gate). 110 men are sheltered at this site while up to 90 women are being housed at the Ella Hill

Hutch Center. The men and women are fed breakfast and dinner at KGO and the women are transported to Ella Hill Hutch for shelter.

The renovated Polk St. center will have beds for 200 men and women; 100 in case management and 100 daily emergency beds. There will also be a 25 bed respite bed program to accommodate persons released from SF General Hospital. Medical care is provided by the Department of Public Health. Breakfast and dinner will be prepared on site for 225 clients. A Drop-In component similar to the MSC South will accommodate another 100 persons.

A total of 625 persons receive shelter and drop-in services every day between the two MSCs.

Counseling and Support Services- On average there are 284 persons in case management each month. Clients are required to work with a counselor to develop and fulfill individualized plans to help transition them out of homelessness. Primary services provided for clients include NA/AA meetings, job placement and training, obtaining mental health treatment and establishing savings. Approximately 39 persons/month are placed in new living arrangements.

Currently, there is a total of 17 case managers-- 3 DSS social workers, 4 mental health specialists, 4 substance abuse specialists and 6 general counselors. Additionally, other providers are outstationed at the centers (at no cost to the City) to augment the services of the case managers. Activities include AA/NA meetings, veterans services, housing referrals, HIV/AIDS counseling, vocational rehabilitation, psychiatric care and legal counsel. Health care workers, including a podiatrist, provide medical services at both sites.

A Neighborhood Advisory Council has been established for both MSCs to work with residents and merchants to address issues which may impact the area adjacent to the centers.

### Delivered Services and Outcomes

On the average 14% of the clients in case management successfully complete their plan each month. The case management clients of the MSCs typically receive the following types of services during the month:

Attend NA/AA/CA meetings	32 clients
Establish savings	44
Obtain psychiatric treatment/counseling	14
Medical/dental needs met	24
Obtain employment	20
Attend support groups/maintain sobriety	51



Client Placements	22
Independent Housing	2
Mental Health Facility	9
Substance Abuse Facility	5
Family/friends	1
Long Term Care	

### Evaluation and Organizational Development

The Fielding Institute is a graduate school which offers masters degrees in organizational development and psychology. Since December, 1990 a group of Fielding consultants has provided over \$100,000 in services in pro bono assistance to DSS and MSC staff in the areas of organizational development, training and program evaluation. The Kaiser Foundation has recently committed \$21,000 to Fielding Institute to develop an evaluation design and comprehensive data collection system for the Multi-Service Centers which was to have begun in January, 1992. The SF Foundation has also tentatively committed \$20,000 to this effort. Both Foundations have placed their commitments on hold until the future direction of the MSCs is solidified.

CLIENT PROFILE

The following is a demographic profile of 664 (89 Females, 575 males) clients that have participated in case management at the two MSCs over the last several months. Also delineated is comparable information from a survey of 360 male clients conducted in the City's emergency shelters in April, 1985.

<u>AGE</u>	<u>PRESENT</u>	<u>1985</u>
18-24 yrs old	-- 6%	11%
25-34	-- 36%	33%
35-49	-- 47%	33%
50-59	-- 11%	14%
over 60	-- 1%	8%

LENGTH OF TIME IN SF

Less than 1 month	-- 10%	35%	0-3 months
1-3 months	-- 15%	6%	
4-6 months	-- 7%	10%	
7-11 months	-- 6%	3%	
1 year-23 months	-- 6%	16%	
2 years-5 years	-- 14%	30%	
Over 5 years	-- 41%		

MEANS OF SUPPORT

None	-- 15%	61%
Job	-- 10%	5%
General Assist.	-- 47%	6%
SSI	-- 14%	7%
Other	-- 14%	21%

EDUCATION

None	-- 1%	1%
Elementary (1-8)	-- 8%	21%
High School (uncomplete)	-- 24%	70% (grad. & uncompl.)
High School Graduate	-- 46%	9%
College Decree	-- 15%	6%
Trade/Technical	-- less than 1%	

PURCHASE OF BUILDINGS525 Fifth Street

Total Cost:

\$2,674,864

Red Cross  
Mayor's Earthquake Fund  
General Fund  
Community Development Block Grant

1,211,566  
407,791  
1,044,004  
11,503

1001 Polk Street

Total Cost:

\$3,707,829

Red Cross  
Mayor's Earthquake Fund  
General Fund  
Community Development Block Grant

2,663,200  
579,555  
455,996  
9,078

TOTALS

Total Cost:

\$6,382,693

Red Cross  
Mayor's Earthquake Fund  
General Fund  
Community Development Block Grant.

\$3,874,766  
987,346  
1,500,000  
20,581



## Richmond Hills Manor Family Center

In San Francisco there are 2,500 reported homeless families. This number reflects a one hundred percent increase in the last two years. By providing a secure and supportive environment, Richmond Hills Family Center can facilitate the renewal of shattered family bonds, as well as encourage positive change for our families.

The Center, in its first year of operation, is a 40-bed emergency facility that will shelter 260 families during the coming year. Families are encouraged to stay a minimum of four weeks, with a maximum stay of 90 days or longer. Services available to residents include shelter, food, individual and group counseling, on-site health care, parenting groups, job readiness and placement, a children's program and a wide variety of educational forums and videos. Volunteers from the neighboring community offer a variety of activities for residents on a daily basis. Families are provided with a room of their own, complete with full bath and cribs for infants. A chef prepares daily meals. All services are provided free of charge.

The Richmond Hills Manor Family Center assists families reporting that they are homeless and without shelter. Referrals come from the Department of Social Services, the police, social service agencies and by word of mouth. Families seeking shelter are asked to call 415-750-5080, Monday through Friday, 9:00 to 5:00 p.m. for an intake appointment.

With the primary goal of doing away with fragmentation of services always kept in sight, residents' needs are assessed in an on-going personal manner, recognizing that each family brings with it individual problems needing specialized attention. Intensive case management addresses such issues as obtaining identification, medical care, job search assistance, housing, benefits acquisition, legal aid and day care advocacy. Short-term goals focused on stabilization are set early in the stay. Long-term needs are assessed to help families set goals and target dates. Families will continue to receive supportive counseling throughout their stay as they cope with the emotional effects of homelessness, while at the same time garnering the skills necessary to achieve and maintain a productive existence within the parameters set by a rebuilt family structure and society-at-large.

Breaking the cycle of homelessness is further addressed through a re-entry group and follow-up counseling. Towards the end of a families' stay, group and individualized case management center around budgeting, implementation of a savings plan, long term income stabilization and the successful transition to more permanent housing.

Please refer any further questions to Nancy Monroe, Program Director at (415)-750-5080.



MEMORANDUM

DATE: November 3, 1987

TO: Human Services Committee

FROM: Nancy G. Walker  
President, Board of Supervisors

/ / For Your Review

PLEASE:

Act as Necessary / /

Discuss with Me / /

Reply Directly / /

Distribute to Board Members / /

Place in Board File / /

The attached "Twelve Point Policy for San Francisco's Homeless" should be added to File 83-87-3. Thank you.

NOTE: APPROVED BY THE FULL BOARD ON APRIL 7, 1988.

TWELVE POINT POLICY FOR SAN FRANCISCO'S HOMELESS

POINT I -- Comprehensive Planning	4
POINT II --- Outreach and Point-of-Access to Services	.5
POINT III -- Housing	.6
POINT IV -- Employment	.7
POINT V -- Support Services	.8
POINT VI -- Health Needs and Services	.9
POINT VII -- Homeless Youth	10
POINT VIII -- Other Special Populations	11
POINT IX -- Benefit Entitlements	12
POINT X -- Street Sanitation and Public Safety	13
POINT XI -- Funding Responsibility	14
POINT XII -- Public Education and Community Involvement	16



Preamble

Homelessness is a problem which victimizes society's most vulnerable members -- the elderly and disabled, women and children, war veterans and refugees, the undereducated and unskilled. Financial costs range far beyond the millions spent on emergency shelter, and the social costs have begun to erode the quality of life in our community.

Efforts to address this problem have been short-term and crisis-oriented. The resulting service system is a patchwork rather than a network which often perpetuates the problems it seeks to prevent. The absence of a unified vision and a comprehensive strategy has obstructed responses to both the acute and chronic aspects of this problem.

The homeless problem transcends all jurisdictional boundaries and can only be resolved through the involvement of all segments of the community, including the homeless themselves. Such an effort requires consensus and collaboration between both the public and the private sector. The basis for such a relationship is outlined in the following Twelve Point Policy for San Francisco's Homeless.

The primary purpose of this policy is to initiate a positive approach which focuses attention on the availability of affordable, permanent housing as the only acceptable solution to the homeless problem and upon adequate, appropriate support services as the means to facilitate those in transition toward that end.

The conceptual basis for the successful implementation of this policy is a continuum of coordinated services that provides timely, effective intervention at the lowest possible cost. Such a service system would:

- 1) provide protection and essential services for those unable to care for themselves;
- 2) replace disincentives for getting off welfare with rewards for independence;
- 3) establish an assistance process which is not itself subject to abuse; and
- 4) serve as a mechanism for future response to changing community needs.
- 5) identify both obvious and hidden costs to demonstrate that the type of policy outlined herein need not require significant additional funding but rather a reallocation and better use of existing resources, including in-kind contributions.

Acknowledgments: The development of this proposal was guided by policy formats devised by the City of Portland, Oregon and by the needs assessment mechanisms created by San Francisco's Coalition of Homeless Service Providers. We would also like to express our appreciation to St. Anthony's Foundation, the Junior League of San Francisco and Levi-Strauss and Company for their assistance in facilitating the discussion of this proposal.

## POINT I:

COMPREHENSIVE PLANNING

## PROBLEM

The existing "system" of services for San Francisco's homeless population evolved as an emergency response to a problem originally perceived as temporary. Disjointed planning and uncoordinated programs have produced a crisis-oriented process with still-unresolved legal, administrative and economic problems that are costly in both human and financial terms. No centralized agency or group has either the authority or responsibility to coordinate the activities of the governmental and community agencies serving the homeless. As a consequence, myths, misperceptions and misinformation have come to dominate policy discussions, causing efforts to become confused and accountability diffused. In the absence of clear policy direction, there is no basis for integrating public and private sector support targeted toward these populations.

## PRINCIPLE

The problems of homelessness can most efficiently and effectively be addressed through a centralized, information-based planning process incorporating government, business, civic and community interests. The homeless must also have opportunity for input in both the policy-development and program-planning processes.

## POLICY

A single body with representation from local government, community agencies, the ~~private~~ <sup>corporate</sup> sector and the homeless shall be designated to maintain communication and collaboration in local efforts that address the problems of homelessness. This group shall be charged with the task of initiating and evaluating homeless policy and program proposals. Funding allocations in this area should require a commitment to coordinate with existing activities.

PROGRAM  
PLANS

- 1) Develop a legislative mandate for comprehensive planning and system-wide coordination.
- 2) Establish a coordinating body, with equal representation from government, business and community interests, which will be responsible for monitoring implementation of San Francisco's homeless plan.
- 3) Maintain ongoing data collection as a basis for developing future policy recommendations.
- 4) Designate one local authority to be responsible for ensuring compliance by various agencies within City government.



## POINT II:

OUTREACH AND POINT-OF-ACCESS TO SERVICES

PROBLEM	Homeless people seeking assistance often find there are insufficient services dispersed from separate locations through complex administrative procedures. Some persons who need survival assistance lack the knowledge, language skills and functional capacity necessary to find and receive them. Others, particularly youth and substance abusers, may be distrustful of the service system and unwilling to become involved in available programs. Moreover, the services are generally concentrated in the central city area and do not address the growing needs in other neighborhoods.
PRINCIPLE	Those who have immediate survival needs should receive appropriate services at accessible locations.
POLICY	The principle of early identification and intervention shall be promoted as the basis for providing services to those living on the streets. Centralized intake sites in multi-purpose programs shall be used to minimize duplication and maximize effectiveness of services rendered. Services shall be available in neighborhoods where there is need.
PROGRAM PLANS	<ol style="list-style-type: none"><li>1) Establish a city-wide, street-based outreach capability to provide emergency access to needed services. Expand existing outreach services for youth.</li><li>2) Utilize centralized intake facilities to assist special needs populations, providing intervention and referral as appropriate.</li><li>3) Develop a system of support services relevant to the problems being encountered. These services should be available on a daytime drop-in basis and implemented through a peer-oriented, self-help approach.</li><li>4) Maintain an up-to-date flow chart correlating functional relationships and role responsibilities within the service delivery system.</li><li>5) Create on-site access to benefit entitlement systems at intake sites to minimize both undue hardship as well as duplication possibilities.</li></ol>

## POINT III:

HOUSING

- PROBLEM** The lack of adequate, affordable housing is both a major cause of homelessness and a major roadblock to its solution. The available housing alternatives are not adequate to the demand. There are just over three thousand emergency shelter beds for the estimated six thousand adults (and families) in San Francisco County. There are barely fifty beds for as many as one thousand homeless youth.
- PRINCIPLE:** Shelter is a basic human need, the absence of which destabilizes both the homeless individual and the community at large. The City is a safer and more healthy environment when everyone has a suitable place to sleep and tend to their personal needs. Transitional and long-term housing are the best investment options and should be considered a priority for available resources .
- POLICY** The opportunity for safe and decent housing should be available to all in need. The configuration of the homeless service system shall promote movement from the streets to self-sufficiency through linkage between emergency shelter, transitional living and affordable permanent housing programs.
- PROGRAM PLANS**
- 1) Develop a unified city-wide approach to retention and expansion of low-cost housing that is affordable to people who receive public assistance.
  - 2) Make the creation of safe and livable housing for the elderly and disabled, women and families, and emancipated minors a priority in the development of new housing units.
  - 3) Create incentives for joint ventures between private and public sectors, between for-profit and not-for-profit organizations, religious and secular institutions. Promote involvement by civic and philanthropic entities.
  - 4) Explore and implement innovative housing alternatives such as shared housing, transitional living situations and rehabilitation of vacant housing units, etc.
  - 5) Direct public funds wherever possible toward non-profit neighborhood housing development corporations which are able to acquire and rehabilitate existing housing units with the assistance of federal and state funds. This form of subsidized housing is more affordable to low-income residents and builds equity into the local supply of low-cost housing.

- PROBLEM** In a highly competitive employment market, homeless persons face imposing obstacles when trying to rejoin the work force. The absence of clean clothes, a phone to make appointments and get messages, a clear resume and sharp interview skills is often compounded by a lack of education, local references and self-confidence. Additionally, many who lost decent-paying blue-collar jobs during the seventies are not trained for the service industry jobs which dominate the "economic recovery" of the eighties.
- PRINCIPLE** Anyone capable of working should have the opportunity to secure gainful employment.
- POLICY** Initiatives launched through collaboration between the public and private sector shall create incentives for hiring the homeless and provide skills training, job-readiness support, and transitional employment when necessary.
- PROGRAM PLANS**
- 1) Foster development of educational, pre-employment, job-readiness and skills development programs within the shelter system.
  - 2) Establish a computer-linked network constellation for communication and coordination between job development and placement services to share employment leads, improve referral matching, etc.
  - 3) Create hiring incentives to reward employers who utilize the homeless in their labor force.
  - 4) Develop a "revolving loan" fund to provide minimal expenses necessary to facilitate transitions to self-sufficiency.
  - 5) Initiate major publicity campaigns promoting this effort.
  - 6) Organize short-term living arrangements for those who become employed but not yet able to pay rent.



## PROBLEM

Services available from most public agencies are not always designed to address the needs of people with multiple problems. With limited resources to respond to immediate needs and minimal coordination with programs outside their jurisdiction, such agencies have difficulty dealing with complicated situations and dysfunctional individuals. Unless appropriate support services are available for some of these persons, their difficulty in managing life's responsibilities (i.e. resources, appointments, etc.) will result in homelessness and costly institutionalization .

## PRINCIPLE

People unable to cope with existing social systems should be assisted in accessing available services. Appropriate utilization of resource entitlements is the most cost-effective approach to the problems of special-need populations. Peer-oriented support services provide a source of security and stability to those who have become isolated by their incapacitating condition.

## POLICY

Those unable to seek, find or access needed services shall be located and assisted in this process. City departments dealing with different needs (i.e. health, welfare, housing, etc.) of the same population shall coordinate their efforts. Support service workers shall promote inter-agency coordination by serving as advocates for those in need.

PROGRAM  
PLANS

- 1) Short-range: Establish pilot project(s) providing comprehensive support services on a person-rather than problem-oriented basis, targeting the most vulnerable special populations.
- 2) Mid-range: Expand the pool of support workers at access points and within programs targeting special-need populations.
- 3) Long-range: Establish an Ombudsman Component that has the capacity to coordinate intervention by available service providers in special-need situations.

- PROBLEM** Many homeless people suffer from a wide variety of health problems, which are as often a cause as a consequence of homelessness. Existing medical, mental health and substance abuse services are all insufficient to meet this need, and early identification and intervention services are virtually non-existent. The absence of timely and adequate intervention allows problems to become more chronic and resulting conditions more acute. Additionally, the lack of appropriate community-based care programs leaves no alternative to those released from treatment facilities but to return to the streets, where the cycle of illness is perpetuated.
- PRINCIPLE** Individuals incapacitated by mental or physical disabilities require treatment of a type and in a location appropriate to their situation. Individuals with functional impairments, as well as society as a whole, can benefit from programs of sufficient quantity and variety which provide the services necessary to help them live as independently as possible. Prevention and early detection strategies are the most effective and least expensive approach to dealing with health problems.
- POLICY** Adequate treatment services shall be available in an environment that is least restrictive and most likely to protect the individual and others from harm. The system of services should be integrated, timely, effective and appropriate.
- PROGRAM PLANS**
- 1) Develop a mechanism for coordination of existing programs, and a means for communicating updated service information to all providers within that system.
  - 2) Expand existing services which have long waiting lists.
  - 3) Specify the homeless as a high priority target population within the public health and mental health policy planning system.
  - 4) Improve coordination between access points (e.g. emergency shelters) and primary care medical facilities, providing capacity for assessment, transportation, referral and other required services.
  - 5) Modify existing health services to make them more receptive to homeless people and more relevant to the often complex and interrelated health and social problems characteristic of the homeless.

## POINT VII:

HOMELESS YOUTH

## PROBLEM

There are an estimated 1,000 homeless youth living on the streets of San Francisco for whom there are fewer than fifty safe sleeping accommodations available. As often "throwaways" as "runaways," most of these youth leave home -- most often from other counties, states or even countries -- to escape physical and/or sexual abuse. Many are "system failure" youth whose needs have not been met through multiple placements in traditional service system programs. Many must support themselves through illegal means -- usually prostitution and drug-dealing -- which leave them vulnerable to exploitation, the spread of AIDS and other endangering circumstances. For many, neither family reunification nor foster care is a available option.

Despite numerous directives in recent years by the Social Service Commission, the San Francisco Department of Social Services has yet to implement a plan for services to this population. Its current practice is to provide these youth with a bus ticket back to the homes where they had been abused.

## PRINCIPLE

Children are our most valuable resource. Those exposed to the elements should be offered support and protection.

## POLICY

Youth living on the streets shall be provided access to safe stabilized living arrangements where immediate problems and long-term solutions can be fully explored and effectively realized.

PROGRAM  
PLANS

- 1) San Francisco Department of Social Services shall provide financial and programmatic support for the services needed to meet the needs of the homeless youth population, either internally or through contracting with community programs.
- 2) The existing network of services, organized through Youth Emergency Services Coalition, shall be evaluated in terms of its scope of services in relation to the scale of existing needs.
- 3) Collaboration between public and private sector funding sources shall delineate responsibilities for various elements of the on-going operations of the services system.



PROBLEM	Although the hallmark of the homeless population is its diversity, there are many discernable subgroups that constitute a list of society's most vulnerable members. Their unique circumstances make the prevention and alleviation of their condition most complicated. Dealing with the issues of these groups within the context of generic approaches to the general population is usually inefficient, often ineffective and sometimes inappropriate.
PRINCIPLE	Women and families, seniors and disabled, veterans, and refugees of war, persons with AIDS or ARC, newcomers and those with emotional disturbances have already burdensome problems which, when compounded by homelessness, are often overwhelming. Special attention and consideration is warranted in these situations. Because the configuration of problems is often unique to a specific subgroup, services should be provided in a manner that best addresses the distinct set of needs of the target population.
POLICY	Specialized services shall be targeted to the specific needs of the particularly vulnerable subgroups within San Francisco's homeless population.
PROGRAM PLANS	<ol style="list-style-type: none"><li>1) Staff assigned to outreach and intake duties shall be trained to identify persons with characteristics common to target subgroups.</li><li>2) Specialized programs offering emergency and/or transitional housing and on-site support services shall be established to best serve the unique needs of specific subgroups of the homeless population.</li><li>3) Long-term stabilization shall be achieved through advocacy within existing case and entitlement systems, ongoing case management programs, and alternative living arrangements.</li></ol>

## PROBLEM

Homelessness has a direct relationship to General Assistance and other entitlement programs. The lack of central coordination of immediate, short-term and permanent assistance entitlements available through City, State and Federal agencies creates an intimidating and confusing system which inhibits rather than facilitates access by those in need.

Approximately one-third of the homeless are military veterans, half of those from the Vietnam era. Unlike every other government benefit adjudication process, those denied VA benefits are effectively prevented from pursuing judicial review since a Civil War era law prevents the lawyers appealing that decision from earning more than \$10 for working on the case.

PRINCIPLE All persons in need of public assistance should be afforded timely access to these services

POLICY Benefit programs shall provide reasonable access to those eligible for assistance available, taking into account their functional limitations and immediate needs.

PROGRAM  
PLANS

1) The proposed General Assistance Reform Package recently passed by the Board of Supervisors and vetoed by the Mayor should be reexamined. Points of concern substantiated by objective data should be considered separately, and the main thrust of the reform effort revived.

2) The client advocacy component should be strengthened so that those receiving GA benefits or eligible for social security/SSI or other entitlements can be facilitated in their transition to these systems.

3) A strong "job-readiness" component should be established to enhance the job search requirement imposed by the GA program.

4) Federal legislation should be immediately initiated ending the judicial review exclusion and attorney fee limitation on Veterans Administration cases.

**PROBLEM** The lack of available public toilets and secured garbage cans creates public health hazards. People sleeping on the streets are often victims of violence, increasing instability and insecurity within both the homeless population and the rest of the City.

**PRINCIPLE** The availability of facilities which enable people to meet basic needs creates an hospitable civic atmosphere conducive to both the social and economic interests of those who live there. -----

**POLICY** Access to public toilets, daytime drop-in services, night time emergency shelter and appropriate support services shall be maintained in reasonable proportion to the need for such services. Applicable statutes shall be enforced by those who choose not to avail themselves of such services and refuse/fail to conform with established standards for acceptable public behavior.

**PROGRAM  
PLANS**

- 1) Public toilets should be installed in locations where homeless people congregate.
- 2) Hire homeless and/or low-income residents into short-term transitional employment positions responsible for regularly cleaning up the central city area.
- 3) Maintain outreach teams to locate those unable to seek or find needed services. Provide beat cops and other public safety personnel with emergency referral information.
- 4) Establish a communication and coordination system to facilitate referrals of those picked up off the streets.



## PROBLEM

Homelessness is a problem that transcends geographic boundaries. However, both the State and the Federal governments have abdicated their responsibilities to the cities and counties, which lack sufficient resources to adequately address this problem. Further, homelessness is a problem whose solution transcends categorical program areas (i.e. housing, welfare, employment). Disagreements among these systems regarding who pays frequently means that no one pays. Although the costs of homelessness have an enormous financial impact on both the private and public sectors, there is as yet no effect partnership fostering coordination of resources from these respective areas.

## PRINCIPLE

Homelessness is a societal problem that can most effectively be addressed through coordinated efforts accurately targeted and effectively utilized. Good stewardship of public funds is essential. City, county, state and federal officials must accept leadership responsibility for establishing core support of primary programs. Government, community and business efforts must be integrated.

## POLICY

Human need and fiscal accountability should receive balanced consideration in the development and implementation of necessary programs. Available resources should be directed toward solution-oriented approaches, rather than programs and procedures that perpetuate homelessness.

PROGRAM  
PLANS

- 1) The City and County of San Francisco, in conjunction with other local jurisdictions, must lobby strenuously for additional federal and state financial support.
- 2) Recruit local leaders among the public and private sectors to join forces and work at all levels for increased funding support for this issue.
- 3) Devise strategies by which long-term "hard money" commitments can be made by the public sector to primary program areas, and private sector support can be targeted toward service gaps, demonstration projects, etc.
- 4) Develop a mechanism for public/private joint ventures to expand projects which have demonstrated their effectiveness.
- 5) Assess the financial needs of existing programs, and the adequacy of their current funding -- minimum, moderate and adequate. The current uses of existing resources (including those of many City departments such as Public Health, Police, Recreation and Park, Public Works, Sheriff, Social Services, District Attorney, Public Defender, the courts, etc.) which, in some fashion, now do respond to the homeless, should also be re-examined.
- 6) Re-examine the definition and standards for "affordable" housing programs to ensure that persons in minimal and low/moderate income groups have access to adequate housing.
- 7) Develop memoranda of understanding between jurisdictions which have financial responsibility for problems being addressed.

POINT XII: PUBLIC EDUCATION AND COMMUNITY INVOLVEMENT

PROBLEM	There is inaccurate information and insufficient public understanding of homelessness, as well as the policies and programs designed to address this problem. Inefficient utilization of resources and an absence of coordinated effort are the direct result of this situation.
PRINCIPLE	Open public discourse, conducted through an orderly process based on accurate, accessible information, produces policies and actions of higher quality, broader scope and greater responsiveness to the needs of all concerned.
POLICY	Policies and programs serving the homeless shall be presented to local officials for decision through an open, orderly and widely publicized public process that encourages citizen participation.
PROGRAM PLANS	<ol style="list-style-type: none"><li>1) Regularized public forums shall be sponsored to discuss strategies for mitigating the impact of homelessness on individuals as well as on the residential and business communities of which they are a part.</li><li>2) Input from these forums shall be communicated to the body designated to coordinate the homeless plan (see Comprehensive Planning).</li><li>3) Mandate executive-level participation by government agencies and encourage department-wide cooperation in this public policy development process. Educate department heads on needs and how such cooperation is in their self-interest.</li><li>4) Encourage print and broadcast media to develop a substantial commitment to the promotion of this process with regular updates and in-depth exploration of the issues and proposals identified.</li></ol>



IDENTIFICATION PROCEDURE FOR SAN FRANCISCO'S  
GENERAL ASSISTANCE RECIPIENTS

San Francisco's current procedure for identifying General Assistance (GA) is included in the current General Assistance application process.

- . Applicants apply for GA at the Department of Social Services, 1440 Harrison Street.
- . An intake worker spends 2-3 hours with the applicant:
  - completing the intake interview
  - obtaining identification documents
  - assisting the applicant with form completion
- . Failure to produce identification documents does not disqualify the applicant.
- . If identification documents are presented, the intake worker assesses the ID's validity. If inconsistencies are discovered, the intake worker may ask the Fraud Evaluation and Detection (FRED) unit to conduct an on-site visit to the applicant's residence.
- . If identification is not presented, the intake worker must help the applicant to obtain identification.
- . The intake counselor conducts two on-line searches to verify eligibility for GA:
  - Case Data System (CDS): Data on current San Francisco DSS clients -- identifies applicants by presenting name
  - Medical Eligibility Determination System (MEDS): Statewide data on current Medical recipients statewide -- identifies applicants by presenting name



#### Appendix IV

- . Following the intake interview, DSS verifies eligibility using two additional online systems:
  - Income Eligibility Verification System (IEVS): Uses State income tax withholding data to verify GA earnings threshold. Data are six weeks to one year behind application date.
  - Neighboring County Tapes: Compares applicant's presenting name with GA rolls of Alameda and Contra Costa Counties (pilot program including San Mateo County is underway)
- . Recipients of General Assistance must be recertified every six months to identify changes in eligibility. Applicants who do not voluntarily recertify are dropped from the GA rolls.
- . There is no statewide GA inventory to permit crosschecks with all counties.
- . Since benefits recipients are identified by presenting name only, the current system does not identify applicants seeking to abuse the system in San Francisco or other counties.



### Los Angeles Fingerprinting Program

Los Angeles County introduced a countywide automated fingerprinting program, Automated Fingerprint Image Reporting and Match System (AFIRM), designed to detect fraudulent general assistance applications in July, 1991. This system is operated for Los Angeles County by an outside contractor through a five-year \$9.6 million contract.

As allowed under California's Welfare & Institutions Code Section 17001, and Los Angeles County Code, applicants for county assistance are fingerprinted and photographed as part of the qualification process. Automated searches identify system abuse and fraud, such as aid applications under more than one name. The AFIRM program projects savings of \$5.2 million in the first six-month period. Much of the system's success is attributed to AFIRM's "sentinel effect" -- would-be defrauders know the system is in place, and choose not to attempt defrauding Los Angeles County.